

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 15 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M08211 (8)

1. Corporation Name
WILKINSON INVESTMENTS, INC.

Principal Place of Business

2367 WILTON DRIVE
P O BOX 1015
FT. LAUDERDALE FL 33305
US

Mailing Address

2367 WILTON DRIVE
P O BOX 1015
FT. LAUDERDALE FL 33305-1283
US

3. Date Incorporated or Qualified

11/27/1984

3a. Date of Last Report

04/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2467459

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

WILKINSON, KING
2367 WILTON DR
WILTON MANORS FL 33305

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

PD
WILKINSON, KING
2367 WILTON DR.
WILTON MANORS FL

☐ DELETE

ST
GAFFNEY, BARBARA LUNDE
150 NW 70TH ST #201
BOCA RATON FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY - ST - ZIP

12 NAME STREET ADDRESS CITY - ST - ZIP

13 STREET ADDRESS CITY - ST - ZIP

14 CITY - ST - ZIP

21 TITLE NAME STREET ADDRESS CITY - ST - ZIP

22 NAME STREET ADDRESS CITY - ST - ZIP

23 STREET ADDRESS CITY - ST - ZIP

24 CITY - ST - ZIP

31 TITLE NAME STREET ADDRESS CITY - ST - ZIP

32 NAME STREET ADDRESS CITY - ST - ZIP

33 STREET ADDRESS CITY - ST - ZIP

34 CITY - ST - ZIP

41 TITLE NAME STREET ADDRESS CITY - ST - ZIP

42 NAME STREET ADDRESS CITY - ST - ZIP

43 STREET ADDRESS CITY - ST - ZIP

44 CITY - ST - ZIP

51 TITLE NAME STREET ADDRESS CITY - ST - ZIP

52 NAME STREET ADDRESS CITY - ST - ZIP

53 STREET ADDRESS CITY - ST - ZIP

54 CITY - ST - ZIP

61 TITLE NAME STREET ADDRESS CITY - ST - ZIP

62 NAME STREET ADDRESS CITY - ST - ZIP

63 STREET ADDRESS CITY - ST - ZIP

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KING WILKINSON Jan 8, 1997 1954-565-7746

CR2E034 (9/96)