

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT •
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M88170 (9)

1. Corporation Name

WILKINS, FROHLICH, JONES, HEVIA, RUSSELL & SUTTE
R, P.A.



Principal Place of Business

18501 MURDOCK CIRCLE
SIXTH FLOOR
PORT CHARLOTTE FL 33948

Mailing Address

18501 MURDOCK CIRCLE
SIXTH FLOOR
PORT CHARLOTTE FL 33948

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified
07/05/1988

3a. Date of Last Report
01/25/1995

4. FEI Number

65-0057351

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

10. Name and Address of New Registered Agent

RUSSELL, W KEVIN
18501 MURDOCK CIR
6TH FLOOR
PORT CHARLOTTE FL 33948

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 (if applicable)

Date Registered Agent's Signature (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

D
WILKINS, GARY L.
18501 MURDOCK CIRCLE, 6TH CIR.
PORT CHARLOTTE FL

TITLE NAME ☐ DELETE

P
FROHLICH, W. CORT
RT. 1, BOX 839
PUNTA GORDA FL

TITLE NAME ☐ DELETE

D
JONES, PHILLIP J.
1515 LANCO ST.
PT. CHARLOTTE FL

TITLE NAME ☐ DELETE

VP
JONES, MELISSA
1515 LANCO ST.
PT. CHARLOTTE FL

TITLE NAME ☐ DELETE

D
HEVIA, JESUS M.
18978 SW MCGRATH CIRCLE
PT. CHARLOTTE FL

TITLE NAME ☐ DELETE

ST
RUSSELL, W. KEVIN
25439 RANCAGUA DR.
PT. CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

900001829979
-05/20/96--01060--020
***200.00

☐ Change ☐ Addition

32
5.1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report, 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

941-625-0700

CR2E034 (12/95)