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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33948-1039**

3. Date Incorporated or Qualified

07/05/1988

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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

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 **D** ☐ DELETE

NAME **WILKINS, GARY L.**
STREET ADDRESS **18501 MURDOCK CIRCLE, 6TH CIR.**
CITY - ST - ZIP **PORT CHARLOTTE FL**

TITLE **P** ☐ DELETE

NAME **FROHLICH, W. CORT**
STREET ADDRESS **RT. 1, BOX 839**
CITY - ST - ZIP **PUNTA GORDA FL**

TITLE **D** ☐ DELETE

NAME **JONES, PHILLIP J.**
STREET ADDRESS **1515 LANCO ST.**
CITY - ST - ZIP **PT. CHARLOTTE FL**

TITLE **VP** ☐ DELETE

NAME **JONES, MELISSA**
STREET ADDRESS **1515 LANCO ST.**
CITY - ST - ZIP **PT. CHARLOTTE FL**

TITLE **D** ☐ DELETE

NAME **HEVIA, JESUS M.**
STREET ADDRESS **18978 SW MCGRATH CIRCLE**
CITY - ST - ZIP **PT. CHARLOTTE FL**

TITLE **ST** ☐ DELETE

NAME **RUSSELL, W. KEVIN**
STREET ADDRESS **25439 RANCAGUA DR.**
CITY - ST - ZIP **PT. CHARLOTTE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 (changed, or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0407450

CR2E034 (9/96)