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Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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 Mailing Address
18501 MURDOCK CIRCLE 18501 MURDOCK CIRCLE
SIXTH FLOOR SIXTH FLOOR
PORT CHARLOTTE FL 33948 PORT CHARLOTTE FL 33948



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/05/1988

4. FEI Number
65-0057351

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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 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 REQUIRED 1/26/98 941-625-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0432631

CR2E034 (10/97)