

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 # P36634 (4)

1. Corporation Name

WILKINSON MANUFACTURING COMPANY

Principal Place of Business

Mailing Address

~~P.O. BOX 12127~~
12TH & MADISON ST.
FT. CALHOUN NE 68023
US

~~P.O. BOX 12127~~
P.O. BOX 490
FT. CALHOUN NE 68023-0490
US



3. Date Incorporated or Qualified
12/11/1991

3a. Date of Last Report
06/23/1995

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

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4. FEI Number
47-0366161

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CDT ☐ DELETE
NAME ARKOOSH, FRED G., SR
STREET ADDRESS 9629 HARNEY PARKWAY SO.
CITY-ST-ZIP OMAHA NE

1.1 TITLE Director ☐ Change ☒ Addition
1.2 NAME Suzanne Caruso
1.3 STREET ADDRESS 1313 South 101st Street, Number 2
1.4 CITY-ST-ZIP Omaha, NE 68124

TITLE DVS ☐ DELETE
NAME ARKOOSH, OLIVE V.
STREET ADDRESS 9629 HARNEY PARKWAY SO.
CITY-ST-ZIP OMAHA NE

2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME Dr. Valerie Arkoosh
2.3 STREET ADDRESS 5 Willings Alley
2.4 CITY-ST-ZIP Philadelphia, PA 19106

TITLE PD ☐ DELETE
NAME ARKOOSH, FRED G., JR.
STREET ADDRESS 10024 FIELDCREST DRIVE
CITY-ST-ZIP OMAHA NE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 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, for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

402-468-5511

CR2E034 (12/95)