

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90079 014 \*\*\*150.00

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DOCUMENT # **P36634**

1. Corporation Name

**WILKINSON MANUFACTURING COMPANY**

Principal Place of Business

**12TH & MADISON ST  
FT. CALHOUN NE 68023  
US**

Mailing Address

**PO BOX 490  
FT. CALHOUN NE 68023-0490  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/11/1991**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

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

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 **DVS** ☐ DELETE

NAME **ARKOOSH, OLIVE V.**  
STREET ADDRESS **9629 HARNEY PARKWAY SO.**  
CITY-ST-ZIP **OMAHA NE**

TITLE **PD** ☐ DELETE

NAME **ARKOOSH, FRED G., JR.**  
STREET ADDRESS **10024 FIELDCREST DRIVE**  
CITY-ST-ZIP **OMAHA NE**

TITLE **D** ☐ DELETE

NAME **CARUSO, SUZANNE**  
STREET ADDRESS **9629 HARNEY PARKWAY SOUTH**  
CITY-ST-ZIP **OMAHA NE 68114**

TITLE **D** ☐ DELETE

NAME **ARKOOSH, VALERIE D**  
STREET ADDRESS **530 SPRING LANE**  
CITY-ST-ZIP **WYNDMOORE PA 19038**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DVS** ☒ Change ☐ Addition

1.2 NAME **Olive Arkoosh**  
1.3 STREET ADDRESS **21002 134th Way**  
1.4 CITY-ST-ZIP **Sun City West, Az 85375-2559**

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 **Robert Dalziel**  
5.3 STREET ADDRESS **503 Winterborn Road**  
5.4 CITY-ST-ZIP **Elkhorn, NE 68022**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **Director**  
6.3 STREET ADDRESS **Jeffery T Harbison**  
6.4 CITY-ST-ZIP **530 Spring Lane**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.03(4), 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)