

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

APPROVED
AND
FILED

95 MAY -1 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001478205
-05/08/95--01020--001
*****200.00 *****200.00

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P40613 (2)

1. Corporation Name
F. G. WILSON INCORPORATED

Principal Place of Business
10125 NW 116TH WAY, #6
MEDLEY FL 33178

Mailing Address
10125 NW 116TH WAY, #6
MEDLEY FL 33178

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
09/15/1992

3a. Date of Last Report
02/16/1994

4. FEI Number
23-2648049

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
SCHAFER, ROBERT J.
4875 PONCE DE LEON BLVD
STE J305
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	☒ Change ☐ Addition
NAME	WILSON, FREDERICK T.	12. NAME	
STREET ADDRESS	60 CHURCH RD, NEWTOWNABBY	13. STREET ADDRESS	OLD GLENARM ROAD
CITY, ST, ZIP	BELFAST, N. IRELAND	14. CITY, ST, ZIP	LARNE, CO. ANTRIM, BT40 1ET, UK
TITLE	VB	21. TITLE	☐ Change ☒ Addition
NAME	WILSON, GORDON H.	22. NAME	MCILVEEN, JAMES S.
STREET ADDRESS	60 CHURCH RD, NEWTOWNABBY	23. STREET ADDRESS	OLD GLENARM ROAD
CITY, ST, ZIP	BELFAST, N. IRELAND	24. CITY, ST, ZIP	LARNE, CO. ANTRIM, BT40 1ET, UK
TITLE	T	31. TITLE	☐ Change ☐ Addition
NAME	WILLIAMSON, CYRIL J	32. NAME	
STREET ADDRESS	11915 SW 12 STR	33. STREET ADDRESS	500001478205
CITY, ST, ZIP	PEMBROKE PINES FL	34. CITY, ST, ZIP	-05/08/95--01020--002
TITLE		41. TITLE	☐ Change ☒ Addition
NAME		42. NAME	PIGOTT, ASHLEY J.
STREET ADDRESS		43. STREET ADDRESS	OLD GLENARM ROAD
CITY, ST, ZIP		44. CITY, ST, ZIP	LARNE, CO. ANTRIM, BT40 1ET, UK
TITLE		51. TITLE	☐ Change ☒ Addition
NAME		52. NAME	MOORE, IAN P.
STREET ADDRESS		53. STREET ADDRESS	OLD GLENARM ROAD
CITY, ST, ZIP		54. CITY, ST, ZIP	LARNE, CO. ANTRIM, BT40 1ET, UK
TITLE		61. TITLE	☐ Change ☒ Addition
NAME		62. NAME	WILSON, BRIAN J.
STREET ADDRESS		63. STREET ADDRESS	OLD GLENARM ROAD
CITY, ST, ZIP		64. CITY, ST, ZIP	LARNE, CO. ANTRIM, BT40 1ET, UK

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 110.07(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 197, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
CYRIL J. WILLIAMSON

4/05/95 (305) 883-8100