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

FILED
Mar 04 1996 8:00 am
Secretary of State

DOCUMENT # **P40613** **(2)**

1. Corporation Name

F. G. WILSON INCORPORATED

Principal Place of Business	Mailing Address
10125 NW 116TH WAY. #6 MEDLEY FL 33178	10125 NW 116TH WAY. #6 MEDLEY FL 33178

3. Date Incorporated or Qualified: **09/15/1992**
3a. Date of Last Report: **05/01/1995**

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

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

4. FEI Number: **23-2648049** ☐ 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

SCHAFFER, ROBERT J
4675 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 **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1.1 TITLE	PD ☐ Change ☒ Addition
NAME	WILSON, FREDERICK T		1.2 NAME	MICHAEL JOSEF ANTONIS
STREET ADDRESS	OLD GLENARM ROAD		1.3 STREET ADDRESS	OLD GLENARM ROAD
CITY-ST-ZIP	LARNE, CO. ANTRIM, BT40 1EJ		1.4 CITY-ST-ZIP	LARNE, CO. ANTRIM BT40 1EJ
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCILVEEN, JAMES S		2.2 NAME	
STREET ADDRESS	OLD GLENARM ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	LARNE,CO. ANTRIM, BT40 1EJ		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMSON, CYRIL J		3.2 NAME	
STREET ADDRESS	11915 SW 12 STR		3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PIGOTT, ASHLEY J		4.2 NAME	
STREET ADDRESS	OLD GLENARM ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	LARNE, CO. ANTRIM BT40 1EJ		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, IAN P		5.2 NAME	
STREET ADDRESS	OLD GLENARM ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	LARNE, CO. ANTRIM BT40 1EJ		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, BRIAN J		6.2 NAME	
STREET ADDRESS	OLD GLENARM ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP	LARNE, CO. ANTRIM BT40 1EJ		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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, or on an attachment with an address.

SIGNATURE: _____ 2/22/96 (305) 883-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CYRIL WILLIAMSON