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Secretary of State

PROFIT CORPORATION / ANNUAL REPORT
**1997**

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

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

1. Corporation Name
**F. G. WILSON INCORPORATED**

| Principal Place of Business | Mailing Address |
|---|---|
| 10125 NW 116TH WAY. #6<br>MEDLEY FL 33178 | 10125 NW 116TH WAY. #6<br>MEDLEY FL 33178-1164 |

3. Date Incorporated or Qualified: 09/15/1992
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

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 not acceptable)
83 200002159572 -04/29/97--01046--050 ***173.75
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, type 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 | ☒ Change ☐ Addition |
| NAME | MICHAEL JOSEF ANTONIS | | 1.2 NAME | |
| STREET ADDRESS | OLD GLENARM RD. | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LARNE CO | | 1.4 CITY-ST-ZIP | LARNE, CO. ANTRIM, BT40 1EJ, U.K. |
| 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 | LARNE, CO. ANTRIM, BT40 1EJ, U.K. |
| 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 | 9854 N.W. 16 COURT |
| CITY-ST-ZIP | PEMBROKE PINES FL | | 3.4 CITY-ST-ZIP | PEMBROKE PINES, FL 33024 |
| 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 | LARNE, CO. ANTRIM, BT40 1EJ, U.K. |
| 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 | LARNE, CO. ANTRIM, BT40 1EJ, U.K. |
| 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 | LARNE, CO. ANTRIM, BT40 1EJ, U.K. |

4/04/97

CR2E034 (9/96)

14. I do 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:** _____ 4/24/97 (305) 883-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — CYRIL WILLIAMSON — Date — Daytime Phone #