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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P92000009432 (5)**

1. Corporation Name
KEVIN D. WILKINSON, P.A.

Principal Place of Business	Mailing Address
515 NORTH FLAGLER DRIVE SUITE 300 WEST PALM BEACH FL 33401	515 NORTH FLAGLER DRIVE SUITE 300 WEST PALM BEACH FL 33401-4349

3. Date Incorporated or Qualified: 12/04/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 12794 W. Forest Hill Blvd.	26 12794 W. Forest Hill Blvd.
Suite, Apt. #, etc. 22 28-B	Suite, Apt. #, etc. 27 28-B
City & State 23 West Palm Beach, Florida	City & State 28 West Palm Beach, Florida
Zip / Country 24 33414 / 25	Zip / Country 29 33414 / 30

4. FEI Number: 65-0373933 ☐ 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

WILKINSON, KEVIN D
515 NORTH FLAGLER DRIVE
SUITE 300
WEST PALM BEACH FL 33401

See address change →

10. Name and Address of New Registered Agent

81 Name: Wilkinson, Kevin D
82 Street Address (P.O. Box Number is Not Acceptable): 12794 W. Forest Hill Blvd.
83: Suite 28-B
84 City: West Palm Beach FL 85 Zip Code: 33414

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: Kevin D Wilkinson Pres Kevin D Wilkinson Pres 4/29/97
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	PSTD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	WILKINSON, KEVIN D	1.2 NAME	
STREET ADDRESS	515 NORTH FLAGLER DRIVE	1.3 STREET ADDRESS	12794 W. Forest Hill Blvd, #28-B
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	West Palm Beach, Florida 33414
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Kevin D Wilkinson Pres Kevin D Wilkinson Pres 4/29/97 (561)753-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #