

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000071451 (7)

1. Corporation Name

WILSON, BARYSHNIKOV, SULLIVAN, INC.

Principal Place of Business

**2037 WEST 1ST ST.
FT. MYERS FL 33901**

Mailing Address

**2037 WEST 1ST ST.
FT. MYERS FL 33901**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/14/1993

3a. Date of Last Report

04/26/1994

4. FEI Number

65-0453066

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILSON, EDGAR II
2037 WEST 1ST ST.
FT. MYERS FL 33901**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WILSON, EDGAR II
STREET ADDRESS	2037 WEST 1ST ST.
CITY - ST - ZIP	FT MYERS FL
TITLE	DVP
NAME	BARYSHNIKOV, MIKHAIL
STREET ADDRESS	2037 W 1ST ST
CITY - ST - ZIP	FT MYERS FL
TITLE	DS
NAME	STRAYHORN, E BRUCE
STREET ADDRESS	2037 W 1ST ST
CITY - ST - ZIP	FT MYERS FL
TITLE	DT
NAME	STOUT, J NATHAN
STREET ADDRESS	2037 W 1ST ST
CITY - ST - ZIP	FT MYERS FL
TITLE	D
NAME	SULLIVAN, HAYWOOD
STREET ADDRESS	2037 W 1ST ST
CITY - ST - ZIP	FT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(s), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-95

813-334-7144

Date

Daytime Phone