

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90018 037 \*\*\*150.00

DOCUMENT # P93000077263

1. Corporation Name

WILKINS, MALCOLM & ASSOCIATES, INC.

Principal Place of Business

661 TENTH ST. NE  
NAPLES FL 34104  
US

Mailing Address

661 TENTH ST. N.E.  
NAPLES FL 34104  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1993

4. FEI Number

64-0449935

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 34120 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 34120 29 Country

9. Name and Address of Current Registered Agent

WILKINS, RICHARD L  
661 TENTH ST. N.E.  
NAPLES FL 34120

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME WILKINS, RICHARD L  
STREET ADDRESS 661 TENTH STREET N.E.  
CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE

NAME MALCOLM, MATTHEW G  
STREET ADDRESS 1012 S.E. 15 ST. APT 109  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ DELETE

NAME HEDSTROM, MARK  
STREET ADDRESS 2220 TARPON ROAD  
CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE

NAME WILKINS, JASON A  
STREET ADDRESS 142 SANTA CLARA DR, 11  
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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 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, with all other like empowered.

SIGNATURE: *Richard L. Wilkins* RICHARD L. WILKINS

4-15-99 941-353-1191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0464566