

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

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95 APR 20 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE.

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P94000009443 (0)  
1. Corporation Name

Wildon Builders And Contractors Incorporated

Principal Place of Business Mailing Address  
542 Sabal Trail Cir. 542 Sabal Trail Cir.  
Longwood, FL 32779 Longwood, FL 32779

3. Date incorporated or Qualified 02/07/1994 3a. Date of Last Report N/A

|                                |         |                     |         |   |  |                                |  |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business |         | 2a. Mailing Address |         | 4. FEI Number   |  | Applied For                    |  |
| 21                             |         | 26                  |         | 59-3223122  |  | Not Applicable                 |  |
| Sute, Apt. #, etc.             |         | Sute, Apt. #, etc.  |         | 5. Certificate of Status Desired  |  | \$8.75 Additional Fee Required |  |
| 22                             |         | 27                  |         |   |  |                                |  |
| City & State                   |         | City & State        |         | 6. Election Campaign Financing Trust Fund Contribution  |  | \$5.00 May Be Added to Fees    |  |
| 23                             |         | 28                  |         |   |  |                                |  |
| Zip                            | Country | Zip                 | Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                |  |
| 24                             | 25      | 29                  | 30      |   |  |                                |  |

|  |  |  |  |  |  |    |    |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent                |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| Kafka, Donald L.<br>542 Sabal Trail Cir.<br>Longwood, FL 32779 |  |  |  | 81   | Name   |    |    |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|  |  |  |  | 83   |  |    |    |
|  |  |  |  | 84   | City   | FL | 85 |

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 607.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------|---|---|
| TITLE                      | D                    | 1 1 TITLE   | Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | Kafka, Donald L.     | 12 NAME   | Wilson, Eric C.   |
| STREET ADDRESS             | 542 Sabal Trail Cir. | 13 STREET ADDRESS                                     | 552 N.W. 97th Avenue  |
| CITY - ST - ZIP            | Longwood, FL 32779   | 14 CITY - ST - ZIP                                    | Plantation, FL 33324  |
| TITLE                      | D                    | 2 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       | Kafka, Wilma         | 2 2 NAME  |   |
| STREET ADDRESS             | 542 Sabal Trail Cir. | 2 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | Longwood, FL 32779   | 2 4 CITY - ST - ZIP                                   |   |
| TITLE                      |                      | 3 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       |                      | 3 2 NAME  |   |
| STREET ADDRESS             |                      | 3 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                      | 3 4 CITY - ST - ZIP                                   |   |
| TITLE                      |                      | 4 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       |                      | 4 2 NAME  |   |
| STREET ADDRESS             |                      | 4 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                      | 4 4 CITY - ST - ZIP                                   |   |
| TITLE                      |                      | 5 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       |                      | 5 2 NAME  |   |
| STREET ADDRESS             |                      | 5 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                      | 5 4 CITY - ST - ZIP                                   |   |
| TITLE                      |                      | 6 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                           |
| NAME                       |                      | 6 2 NAME  |   |
| STREET ADDRESS             |                      | 6 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                      | 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)(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: Donald L. Kafka Donald L. Kafka 4/12/95 (305)432-5744  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date (Phone #)