

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

DOCUMENT # P94000026790 (3)

1. Corporation Name

WILLCON INC., BUILDER

FILED

95 JUL 31 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

226 MALVERNE ROAD
WEST PALM BEACH FL 33405

Mailing Address

226 MALVERNE ROAD
WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1994

3a. Date of Last Report

2. Principal Place of Business

21 3630 WHITEHALL DR #104

2a. Mailing Address

26 3630 WHITEHALL DR

4. FEI Number

65-048-8574

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

Suite, Apt. #, etc.

22 #104

Suite, Apt. #, etc.

27 #104

City & State

23 WEST PALM BEACH, FLA.

City & State

28 W.P.B. FLA

Zip

24 33401

Country

25 PALM BCH

Zip

29 33401

Country

30 P BCH

9. Name and Address of Current Registered Agent

WILLCOX, WILLIAM M
226 MALVERNE ROAD
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3630 WHITEHALL DR #104

83

84 City WEST PALM BEACH FLA

FL

85 Zip Code

33401

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 607.0504, Florida Statutes.

SIGNATURE

William M. Willcox

(Signature of Registered Agent required when re-registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE D
NAME WILLCOX, WILLIAM M
STREET ADDRESS 226 MALVERNE ROAD
CITY, ST, ZIP WEST PALM BEACH FL 33405

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

3630 WHITEHALL DR. #104
W.P.B. FLA.

14 CITY, ST, ZIP

21 TITLE

☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(b), 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 liquidator 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 my address.

SIGNATURE:

William M. Willcox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-95 407683 0036

Date

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