

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000068139 (2)

1. Corporation Name

WILDWOOD ASSOCIATES, INC.



Principal Place of Business

817 PINEDALE ROAD
FT WALTON BEACH FL 32549

Mailing Address

P O BOX 456
FT WALTON BEACH FL 32549

2. Principal Place of Business

2a. Mailing Address

21 817 Pinedale Road 26 817 Pinedale Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Ft Walton Beach FL 28 Ft Walton Beach FL

Zip

Country

Zip

Country

24 32547 25

29 32547 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARSON, LOWELL C JR
817 PINEDALE ROAD
FT WALTON BEACH FL 32549

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME LARSON, LOWELL C JR
STREET ADDRESS P O BOX 456 N/A
CITY-ST-ZIP FT WALTON BEACH FL 32549

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE V
NAME WHITWORTH, LEO
STREET ADDRESS P O BOX 456 N/A
CITY-ST-ZIP FT WALTON BEACH FL 32549

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE V
NAME READY, JAMES M
STREET ADDRESS P O BOX 456 N/A
CITY-ST-ZIP FT WALTON BEACH FL 32549

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE S
NAME BRUNER, MAX JR
STREET ADDRESS P O BOX 456 N/A
CITY-ST-ZIP FT WALTON BEACH FL 32549

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE T
NAME WALKER, WINSTON G
STREET ADDRESS P O BOX 456 N/A
CITY-ST-ZIP FT WALTON BEACH FL 32549

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing was 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed

904-863-3243

CR2E034 (12/95)