

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000078635 (7)**

1. Corporation Name

WILKINSON STRUCTURES INTERNATIONAL, INC.



Principal Place of Business

**5509 CALLE DEL INVIERNO
SARASOTA FL 34242**

Mailing Address

**5509 CALLE DEL INVIERNO
SARASOTA FL 34242**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

29

30

**WILKINSON, DON
5509 CALLE DEL INVIERNO
SARASOTA FL 34242**

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 607.0742 and 607.1503, Florida Statutes, the above-named corporation submits the 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, members, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0742, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report

Signature of the person who is authorized to sign this report

Signature of the person who is authorized to sign this report

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
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	WILKINSON, DON			☐ DELETE											
	5509 CALLE DEL INVIERNO			☐ DELETE											
	SARASOTA FL 34242			☐ DELETE											

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
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14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(a), Florida Statutes. I further certify that the information included 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 registered 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, for on and after the date with an address.

SIGNATURE:

Don Wilkinson PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DON WILKINSON

3/28/96 441-346-2884
Date Digitally Signed

CR2E034 (12/95)