

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000013252 (8)

1. Corporation Name

MICHAEL D. WILKIE, P.A.



Principal Place of Business

Mailing Address

801 SWANN AVENUE  
TAMPA FL 33606

801 SWANN AVENUE  
TAMPA FL 33606

3. Date Incorporated or Qualified  
02/15/1995

3a. Date of Last Report  
N/A - First

2. Principal Place of Business

2a. Mailing Address

21 901 Swann Ave.

26 Same

4. FEI Number

59-3301224

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

22 City & State

23 Tampa, FL

27 City & State

28

24 Zip

33606

25 Country

Hillsborough

29 Zip

29

30 Country

30

9. Name and Address of Current Registered Agent

CLARK, JAMES L  
201 N. MACDILL AVENUE  
TAMPA FL 33609

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 607.0105, Florida Statutes.

SIGNATURE

M/D. Wilkie, Pres.

5/01/96

Signature typed or printed name of registered agent, if not applicable.

(NOTE: Registered Agent signature required when incorporating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WILKIE, MICHAEL D  
STREET ADDRESS 801 SWANN AVENUE  
CITY-ST-ZIP TAMPA FL 33606 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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 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)(x), 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 in an attachment with an address.

SIGNATURE:

M/D. Wilkie Michael D. Wilkie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/96 813 251-8002

DATE DAYTIME PHONE

CR2E034 (12/95)