

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000037248 (8)

1. Corporation Name

P.E. WILSON CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

21 SE WENONA AVENUE  
OCALA FL 34471

21 SE WENONA AVENUE  
OCALA FL 34471

3. Date Incorporated or Qualified

05/08/1995

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

24 Zip 25 Country

26 Mailing Address

27 Suite, Apt. #, etc

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

SIMONS, GARY C  
121 NW THIRD STREET  
OCALA FL 34475-6695

10. Name and Address of New Registered Agent

81 Name Paul E. Wilson Jr  
82 Street Address (P.O. Box Number is Not Acceptable)  
21 SE Wenona Ave  
83  
84 City Ocala FL 85 Zip Code 34478

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 (if applicable)

Signature, typed or printed name of registered agent (if applicable)

6/14/96

12. OFFICERS AND DIRECTORS

TITLE D  
NAME WILSON, PAUL E III  
STREET ADDRESS P.O. BOX 845 N/A  
CITY-ST-ZIP WILLISTON FL 32696

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/96 (352) 528-5422  
Daytime Phone

CR2E034 (3/96)