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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENDE STATE

Sandra B. Molam

Secretary of S

DIVISION OF CORPORTIONS

DOCUMENT # P95000058359 (7)

WILKINSON HEALTH SUPPLY OF VENICE, INC.

FILED Apr 29 1997 8:00am Secretary of State



Principal Place of Business	Mailing Address			r Labellans sin instal nists Abits abeli	A MAILE A MINE I MINE	CONTRACTOR	
34-B S. TAMIAMI TRAIL	664-B S. TAMIAMI TRAIL	T	l				
ENICE FL 34285	VENICE FL 34285-3645						
				3. Date incorporated or Qualif.	ied 3a. D	ate of Last	Report
				07/26/1995		01/1996	,
Principal Place of Business	2a. Mailing Address			4. FEI Number	······································	A	pplied For
	26			65-0608193		N	lot Applicab
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	. 🗆		Additional
	27						Required
City & State	City & State			 Election Campaign Financin Trust Fund Contribution 	g m		May Be
Zip Country	28 Zip	Untry			- L.J		to Fees
Zip Country 25	29	30		 This corporation has liability Florida Statutes 	Yes		s. 199.032,
g. Name and Address of Curr		1001		10. Name and Address of Nev			
WILKINSON, SCOTT		81	Name		- 	·- <u>-</u>	
864-B S. TAMIAMI TRAIL		82	Ctrool Addros	s (P.O. Box Number is Not Acce	-t-blo)		
VENICE FL 34285		[62]	alleet Addres	is (P.O. Dox Number is 190) Acce	ptable)		
ACINION I C OATOO		В3	·····				,
		84 (Cit.,	·			- Carl
			City		FL	_ 85 Zip	Code
. Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florida State	ites, thoove-n	amed corpor	ation submits this statement for t	he purpose c	of changing	its registere
 Pursuant to the provisions of Sections 507.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obl 	ite of Florida. Such change was ligations of, Section 607.0505, F	lorida tutes.	іс согроганої	is board or directors, I hereby a	ccepi the app	oointment as	s registered
ONATURE							
Stocature, typed or printed name of registered	agent and titic if applicable (NO	r1Er Regist Agents	signature required	when reinstating)	DATE		
Stonature, typnd or printed name of registered	ND DIRECTORS	nE: Regisi Agents		when reinstating) ADDITIONS/CHANGES TO O		D DIRECTO	RS IN 12
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