

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000086818 (8)

1. Corporation Name

WILBURN MANOR, INC.



Principal Place of Business

6702 N GUNLOCK AVE  
TAMPA FL 33614-4508

Mailing Address

6702 N GUNLOCK AVE  
TAMPA FL 33614-4508

3. Date Incorporated or Qualified

11/13/1995

3a. Date of Last Report

2. Principal Place of Business

21 1223 E. North Bay St.

2a. Mailing Address

26 P.O. Box 7802

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☒ 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

City & State

23 Tampa, FL

City & State

28 Tampa, FL

Zip

24 33603

Country

25 Hillsborough

Zip

29 33673

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

WILBURN, J L  
6702 N GUNLOCK AVE  
TAMPA FL 33614-4508

10. Name and Address of New Registered Agent

81 Name Wilburn, J. L.

82 Street Address (P.O. Box Number is Not Acceptable)

83 1223 E. North Bay St.

84 City

Tampa

FL

85

Zip Code

33603

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 the applicant.

(NOTE: Registered Agent signature required when no change)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
WILBURN, J L  
STREET ADDRESS 6702 N GUNLOCK AVE  
CITY-ST-ZIP TAMPA FL 33614-4508

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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)(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

Daytime Phone #

CR2E034 (12/95)