

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000020009 (2)

1. Corporation Name  
WILSON CONSTRUCTION INDUSTRIES, INC.

Principal Place of Business  
2153 NEWBERRY RD.  
JACKSONVILLE FL 32218

Mailing Address  
2153 NEWBERRY RD.  
JACKSONVILLE FL 32218-5327



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/01/1996

3a. Date of Last Report

4. FEI Number

59-3373436

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

10. Name and Address of New Registered Agent

WILSON, JANIE B  
2153 NEWBERRY RD.  
JACKSONVILLE FL 32218

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WILSON, JOSEPH D  
STREET ADDRESS 2153 NEWBERRY RD.  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE V.P.  
NAME RONALD D. WILSON  
STREET ADDRESS P.O. BOX 28295  
CITY-ST-ZIP JACKSONVILLE, FL 32218 NA

TITLE  
NAME H. CLAY WILSON  
STREET ADDRESS P.O. BOX 320  
CITY-ST-ZIP HAMPTON, FL 32044 NA

TITLE  
NAME BETINA J. CARSWELL  
STREET ADDRESS 5949 S.W. 4TH AVE.  
CITY-ST-ZIP KEYSTONE, FL 32654

TITLE  
NAME KATHY L. HARRISON  
STREET ADDRESS 2153 NEWBERRY RD.  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE  
NAME JAN P. WILSON  
STREET ADDRESS P.O. BOX 46  
CITY-ST-ZIP HAMPTON, FL 32044 NA

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006335

CR2E034 (9/96)

190867184477  
2-3-97