

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90205 001 ***150.00

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DOCUMENT # P96000020009

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1996

4. FEI Number

59-3373436

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

WILSON, JANIE B
2153 NEWBERRY RD.
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

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, JOESPH D
STREET ADDRESS 2153 NEWBERRY RD.
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE VP
NAME WILSON, RONALD D.
STREET ADDRESS 2153 NEWBERRY RD.
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE D
NAME WILSON, H. CLAY
STREET ADDRESS 6194 CR. 18
CITY-ST-ZIP HAMPTON FL ☐ DELETE

TITLE D
NAME CARSWELL, BETINA J.
STREET ADDRESS 5949 SE 4TH AVE
CITY-ST-ZIP KEYSTONE HEIGHTS FL ☐ DELETE

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

TITLE D
NAME WILSON, JAN P.
STREET ADDRESS 6194 CR. 18
CITY-ST-ZIP HAMPTON FL ☐ 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 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, with all other like empowered.

SIGNATURE:

Ronald D. Wilson RONALD D. Wilson-VP 4-15-99 904-714-4477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F024 (11/98)