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

DOCUMENT # P96000082974

1. Corporation Name

G. WILTON PC RESOURCES, INC.

| Principal | Place o | of Business |
|-----------|---------|-------------|
|-----------|---------|-------------|

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90068 040 ***150.00



| A. W. A. I. | | i 1881 1881 113 1014 Ditt South South South South South State South South State | | | | | | | |
|---|--|---|-------------------------------------|---|---|------------------|-------------|------------|---------|
| Principal Place | e of Business Mailing Address | | | | | | | | |
| 4931 - 14TH AVENUE COLUMBUS GA 31904 | | 4931 - 14TH AVENUE Columbus ga 31904 | | DO NOT WRITE | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | 3. Date Incorporated or Qualifed | : IN THIS SI | | | |
| | | | | | 10/08/1996 | | | | |
| 2 Principal D | lane of Pusiness | 2a Mailing Address | | | 4. FEI Number | | Anı | plied For | |
| 2. Principal P | al Place of Business 7.3.6 7.5 46 Ave. V. 26 | | | 58-2262397 | | | Applicable | | |
| 21 / 5 / Suite, Apt. | <u> </u> | Suite, Apt. #, etc. | | | 30-2202331 | | \$8.75 A | | |
| — | #, etc. | 1 | | 5, Certificate of Status Desired Fee Required | | | | | |
| 22 City & State | | City & State | City & State | | | | | | |
| — <u> </u> | | ⊢ ′ | | Trust Fund Contribution | Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| 23 JE/M | 3 Seminale, FL 28 Country Country | | 8. This corporation owes the curren | t vear intan | | | | | |
| 24 3377 | 6 25 PineLLAS | 29 30 | - · | • | Personal Property Tax. | - | | □No | |
| 24 2 2 7 | 9. Name and Address of Current I | <u> </u> | ' | | 10. Name and Address of New Re | gistered Ag | ent | | |
| | 3. Hallo alla Addisos di Galicia | togictor ou rigoni | 81 | Name | | | | | |
| MAR | QUARDT, STEPHANIE T | | L | | | | | | |
| 911 | CHESTNUT STREET | | 82 | Street Ac | ddress (P.O. Box Number is Not Acceptable | ie) | | | |
| | ARWATER FL 34616 | | 83 | | | - | | | |
| 000 | | | " | | | | | | |
| | | | 84 | City | | FL | 85 Zip C | ode | |
| | 4 H COT 0502 | COT 1500 Florida Statutas | the short | n nomed or | prporation submits this statement for the pu | | anging its | registered | |
| office or r | egistered agent, or both, in the State of m familiar with, and accept the obligation | Florida. Such change was authorida. | onzed by | the corpora | ation's board of directors. I hereby accept | the appoints | nent as reg | jistered | |
| SIGNATURE | | | | | | | | | _ |
| | Signature, typed or printed name of registered agent a | | | nt signature requ | uired when reinstating) | DATE CERS AND | DIRECTO | DS IN 12 | 86 |
| 12. | OFFICERS AND | DIRECTORS | 13. | · 1 | ADDITIONS/CHANGES TO OFFI | | Change | Addition | (11/98) |
| TITLE | P CARLO CARVAN | DELETE | 1.1 TITLE | | | _ | • | | |
| NAME | TOMLIN, GARY W. | | 1.2 NAME | | 12716 75th A | re.l | v. | | ලි |
| STREET ADDRESS | 3016 MUSTANG DR | | 1.3 STREE | T ADDRESS | 13726 75th A SeminoLe, FL | 77 | 22/ | | R2E034 |
| CITY-ST-ZIP | COLUMBUS GA | | 1.4 CITY-5 | ST-ZIP | seminore, FL | <u>. ي</u> | Change | Addition | 8 |
| TITLE | | ☐ DELETÉ | 2.1 TITLE | | | f. | _] Change | L Addition | _ |
| NAME | | | 2.2 NAME | | | | | | |
| STREET ADDRESS | | | 2.3 STREE | T ADDRESS | | | | | i I |
| CITY-ST-ZIP | | | 2. 4 CITY- | ST-ZIP | | | | | i I |
| TITLE | | DELETE | 3.1 TITLE | | | | Change_ | Addition | |
| NAME | _ | | 3.2 NAME | | | · | | | ı |
| STREET ADDRESS | | | 3.3 STREE | TADDRESS | | | | 1 | |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 4,1 TITLE | | | { | Change | ☐ Addition | |
| NAME | | | 4. 2 NAME | | | | | 1 | |
| STREET ADDRESS | | | 4.3 STREE | T ADDRESS | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | | { | Change | ☐ Addition | i I |
| NAME | | | 5.2 NAME | - | | | | 1 | |
| STREET ADDRESS | | | 5.3 STREE | TADDRESS | | | | İ | |
| | | | 5.4 CITY-S | | | | , | | i |
| CITY-ST-ZIP TITLE | | ☐ DELETÉ | 6.1 TITLE | - - | | | Change | Addition | i |
| | | <u> </u> | 6.2 NAME | | | • | | _ | |
| NAME | | | i | TADDRESS | | | | j | |
| STREET ADDRESS | | | 6.4 CITY-S | | | | | | |
| CITY-ST-ZIP | | | 0.7 011 7 - 0 | · · · · · · · · · · · · · · · · · · · | | | | | |

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: 5