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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000091713 (3)

W.R. WILSON COMPANY, INC.

FILED Feb 09 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address			1184 11841 14861 13880 1181 1881
600 BY PASS DRIVE	600 BY PASS DRIVE			
SUITE A-17 SUITE A-17 CLEARWATER FL 34624 CLEARWATER FL 34624			DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified	
			11/05/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3411125	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		3. Certificate of Status Desilled	Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24 25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
WILSON, WILLIAM R JR 81 Name				
600 BY PASS DRIVE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
SUITE A-17		Sileer Addi	ess (F.O. Box Nothbel is Not Acceptable)	
CLEARWATER FL. 34624 3 3 75 8		83		
271	ď			
		84 City	FL FL	- 337.58
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.				
agent. I am familiar with, and accept the obliga	tions of, Section 607.0505, Fl	orida Statutes.		politiment as registered
SIGNATURE				
Signature, typed or printed name of registered agen		E: Registered Agent signature require		
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	,,,,
MAIN COME MAIN LIMES IN TO	C DELETE	1.1 TITLE	magin the	☐ Change ☐ Addition
CON DV DACC DO CUITE A 47		1.2 NAME		
	2277	1.3 STREET ADDRESS		22
0111 07 21	33 <i>758</i>	1.4 CITY-ST-ZIP		33758
TITLE	☐ DELETE	2.1 TITLE		Change Addition
HAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY~ST~ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-SI-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		i
CITY-ST-ZIP		4.4 CITY-SY-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CiTY-SI-ZIP		5.4 CITY-ST-ZIP		į
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		■ 0.1 (1155]		Grange Addition
i Marie		62 NAME		1
CTREET ADORETEC	_ Decene	6.2 NAME		
STREET ADDRESS CITY-ST-ZIP	_ seerie	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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 2020 an attachment with ap-address.

SIGNATURE: