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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Worthwiff

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P97000028149 (7)

WILSON LAND SERVICE, INC.

Principal Place of Business

Mailing Address

FILED May 15 1998 8:00am Secretary of State



JACKSONVILLE FL 32259			USSELL SAMPSU NVILLE FL 32259				
		5550		•		DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 03/25/1997	
2. Principal P	lace of Business	2a. Mailing	te. Mailing Address			4. FEI Number Applied For	
21		26	6			59-3439 9 8 0 Not Applicable	
Suite, Apt. #, etc		Suite.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22		27				Fee Required	
City & State	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \					6. Election Campaign Financing \$5.00 May Be	
23 Zip	Country	28	Zip Count			Trust Fund Contribution	
24	25	29	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No	
9. Name and Address of Current Registered Agent				301	10. Name and Address of New Registered Agent		
WILSON, ROBERT J 81					Name		
	125 RUSSELL SAMPSON RD				0	1644	
JACKSONVILLE FL 32259				82	Street	at Address (P.O. Box Number is Not Acceptable)	
				63	1		
				84	City	[62] 7. O. J	
				64	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508	, Florida Statute	s, the abov	e-namec	d corporation submits this statement for the purpose of changing its registered	
agent. I a	m familiar with, and accept the ob	ale of Florida, Sucr digations of, Sectio	n 607.0505, Flor	umonzea b rida Statute	y the cor s.	orporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE							
	Signature, typed or posted name of regulated		le (NOTE		ent signatur	re required when reinstating) DATE	
12.				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	Detete			1.1 TETLE		PRESIDENT Change Addition	
STREET ADDRESS				1.2 NAME		ROBERT J. WILSON	
CITY-ST-ZIP							
TITLE				1.4 CITY - 1 2.1 TITLE	SI-ZIP	JAX., F1. 32359 Change Addition	
NAME				2.2 NAME		Change Z Acadoon	
STREET ADDRESS				2 3 STREE	ADDRESS		
CITY-ST-ZIP				2 4 CITY-			
THLE				3 1 TITLE		Change Addition	
NAME	32			32 NAME			
STREET ADDRESS				3 3 STREE	ADDRESS	;	
CITY-ST-ZIP				3 4. CITY-	ST-ZIP		
TETLE				4.1 TITLE		☐ Change ☐ Addition	
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET			
CITY - ST - ZIP			T SELECT	4.4 CITY - 9	37 - 71P		
TITLE NAME			DELETE	5 1 TITLE		Change Addition	
NAME STREET ADORESS				5.2 NAME	1000000		
CITY-ST-ZIP				5.3 STREET			
TITLE			DELETE	5.4 CITY - S	1 - ZIP	☐ Change ☐ Addition	
NAME				6.2 NAME		Change Li Addition	
STREET ADDRESS				6.2 NAME	ADDRESS		
CITY-ST-ZIP				64 CITY-S			
				040111-3	4 * £ IF		

14. Thereby 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 coerever 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