


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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000031945 (3)

1. Corporation Name

WILSON ASSESSMENT CORP.

Principal Place of Business

Mailing Address

4411 BEE RIDGE ROAD, #592
SARASOTA FL 34233

4411 BEE RIDGE ROAD, #592
SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1997

4. FEI Number

65-0750928

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 635 S. Orange Ave.	26 635 S. Orange Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 #16	27 #16
City & State	City & State
23 Sarasota FL	28 Sarasota FL
Zip	Zip
24 34236	29 34236
Country	Country
25 Sarasota	30 Sarasota

2. Principal Place of Business	2a. Mailing Address
21 635 S. Orange Ave.	26 635 S. Orange Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 #16	27 #16
City & State	City & State
23 Sarasota FL	28 Sarasota FL
Zip	Zip
24 34236	29 34236
Country	Country
25 Sarasota	30 Sarasota

9. Name and Address of Current Registered Agent

FITZGIBBONS, THOMAS M ESQ.
1800 SECOND STREET
SUITE 880
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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	D	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, NED B	
STREET ADDRESS	4411 BEE RIDGE ROAD, #592	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wilson, Ned B.	
1.3 STREET ADDRESS	4411 Bee Ridge Rd #592	
1.4 CITY-ST-ZIP	Sarasota FL 34233	
2.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michelle Krueger	
2.3 STREET ADDRESS	4641 Falcon Ridge Rd.	
2.4 CITY-ST-ZIP	Sarasota FL 34233	
3.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Seery, Michael	
3.3 STREET ADDRESS	11701 Creek Shoa Pl.	
3.4 CITY-ST-ZIP	Sarasota FL 34240	
4.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Neff, Raymond	
4.3 STREET ADDRESS	3924 Springs Hill	
4.4 CITY-ST-ZIP	Sarasota FL 34238	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Ned B. Wilson

Ned B. Wilson

4/4/98

941-906-9566

CR2E034 (10/97)