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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000035183

1. Corporation Name
JAMES A. WILKINSON, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

390 N. ORANGE AVE.
SUITE 1800
ORLANDO FL 32801
US

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SUITE 1800
ORLANDO FL 32801
US

3. Date Incorporated or Qualified

04/18/1997

2. Principal Place of Business

2a. Mailing Address

21 220 N. Palmetto Ave.

26 P.O. Box 2266

4. FEI Number

59-3441487

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 the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILKINSON, JAMES A ESQ.
390 N. ORANGE AVENUE
SUITE 1800
ORLANDO FL 32801

81 Name
JAMES A. WILKINSON ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)
220 N. Palmetto Ave.

83

84 City ORLANDO FL 85 Zip Code 32801

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
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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: James A. Wilkinson
RECORDED: JAMES A. WILKINSON 2/3/99 407650-9008

CR2E034 (1/1/98)