

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90144 042 \*\*\*150.00

**DOCUMENT # P97000035183**

1. Corporation Name

**JAMES A. WILKINSON, P.A.**



Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/18/1997**

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

2. Principal Place of Business

**21 220 N. Palmetto Ave.**

2a. Mailing Address

**26 P.O. Box 2266**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 ORLANDO, FL**

City & State

**28 ORLANDO, FL**

Zip Country

**24 32801 25 USA**

Zip Country

**29 32802 30 USA**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**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	
TITLE	<b>PST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILKINSON, JAMES A</b>	1.2 NAME	
STREET ADDRESS	<b>2633 GILSON COURT</b>	1.3 STREET ADDRESS	<b>2648 Robert Trent Jones Drive #213</b>
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	1.4 CITY-ST-ZIP	<b>ORLANDO FL 32835</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

**JAMES A. WILKINSON**

**JAMES A. WILKINSON**

**2/3/99**

**407650-9008**

Date

Daytime Phone #

CR2E034 (11/98)