

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

FILED

Jan 20 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P97000037261 (9)
1. Corporation Name

R. G. WILKINS & ASSOCIATES, INC.

Principal Place of Business
8511 YORKSHIRE LANE
FORT MYERS FL 33919-1806

Mailing Address
8511 YORKSHIRE LANE
FORT MYERS FL 33919-1806



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|------------|------------------------|------------|--|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 04/25/1997 | |
| 21 | | 26 | | 4. FEI Number 65-0747129 | Applied For Not Applicable |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 City & State | | 28 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 Zip | 25 Country | 29 Zip | 30 Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|----------------|
| 9. Name and Address of Current Registered Agent WILKINS, RONALD G 8511 YORKSHIRE LANE FORT MYERS FL 33919-1806 | | 10. Name and Address of New Registered Agent | |
| | | 81 Name | |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | |
| | | 84 City | FL 85 Zip Code |

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 607.0503, Florida Statutes.

SIGNATURE RONALD G. WILKINS, PRESIDENT Ronald G. Wilkins JANUARY 9, 1998
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 | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILKINS, RONALD G | 1.2 NAME | |
| STREET ADDRESS | 8511 YORKSHIRE LANE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT MYERS FL 33919-1806 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILKINS, PATRICIA A | 2.2 NAME | |
| STREET ADDRESS | 8511 YORKSHIRE LANE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FORT MYERS FL 33919-1806 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILKINS, R. DEAN | 3.2 NAME | |
| STREET ADDRESS | 11220 ELMFIELD DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33625 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILKINS, ROSANNE | 4.2 NAME | |
| STREET ADDRESS | 11220 ELMFIELD DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33625 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARR, WILLIAM J | 5.2 NAME | |
| STREET ADDRESS | 29684 ALLISON CIRCLE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MADISON AL 35758 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARR, DAWN RENEE | 6.2 NAME | |
| STREET ADDRESS | 29684 ALLISON CIRCLE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MADISON AL 35758 | 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: RONALD G. WILKINS, PRESIDENT Ronald G. Wilkins 1/9/98

CR2E034 (10/97)