


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

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Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90025 041 ***158.75



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000037261

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**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/25/1997

4. FEI Number

65-0747129

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

**WILKINS, RONALD G
8511 YORKSHIRE LANE
FORT MYERS FL 33919-1806**

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 607.0505, 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 **D** ☐ DELETE
NAME **WILKINS, RONALD G**
STREET ADDRESS **8511 YORKSHIRE LANE**
CITY-ST-ZIP **FORT MYERS FL 33919-1806**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WILKINS, PATRICIA A**
STREET ADDRESS **8511 YORKSHIRE LANE**
CITY-ST-ZIP **FORT MYERS FL 33919-1806**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WILKINS, R. DEAN**
STREET ADDRESS **11220 ELMFIELD DRIVE**
CITY-ST-ZIP **TAMPA FL 33625**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WILKINS, ROSANNE**
STREET ADDRESS **11220 ELMFIELD DRIVE**
CITY-ST-ZIP **TAMPA FL 33625**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CARR, WILLIAM J**
STREET ADDRESS **29684 ALLISON CIRCLE**
CITY-ST-ZIP **MADISON AL 35758**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CARR, DAWN RENEE**
STREET ADDRESS **29684 ALLISON CIRCLE**
CITY-ST-ZIP **MADISON AL 35758**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **R. G. Wilkins**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 (941) 939-7082

Date

Daytime Phone #

CR2E034 (11/98)