

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 10 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000089622 (9)

1. Corporation Name
 WILSON SPRINGS, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 10/16/1997

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 425 N MARION ST LAKE CITY FL 32055		26 425 N MARION ST LAKE CITY FL 32055		EIN 59-3482786		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		\$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				10. Name and Address of New Registered Agent			
WILSON, HUGH A 425 N MARION ST LAKE CITY FL 32055				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 _____ (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	WILSON, HUGH A		1.2 NAME		
STREET ADDRESS	425 N MARION ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32055		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILSON, JAMES Y		2.2 NAME		
STREET ADDRESS	2319 INGLEWOOD DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL 32055		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HEYWARD, LOVELYN W		3.2 NAME		
STREET ADDRESS	4380 OLD STERLINGTON RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MONROE LA 71203		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		

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 ***150.00

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: *Hugh A. Wilson* 7/22/98 (904) 752-1236

CR2E034 (5/98)

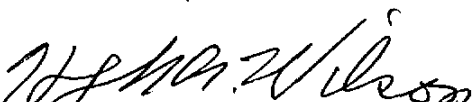
WILSON SPRINGS, INC.
425 N. MARION ST.
LAKE CITY, FL 32055
JULY 28, 1998

REF: FLORIDA DEPARTMENT OF STATE
CORPORATION REPORT
P97000089622 (9)

TO WHOM IT MAY CONCERN:

WILSON SPRINGS, INC., A NEWLY FORMED CORPORATION AT OR ABOUT JANUARY/FEBRUARY OF 1998, DID NOT RECEIVE A FIRST NOTICE OF THE STATE ANNUAL REPORT. WE WERE DEALING WITH SETTING UP THE CORPORATION DURING THIS CHAOTIC TIME PERIOD, BASICALLY CONSISTING OF COMMUNICATION WITH OUR LAWYERS. UPON RECEIVING THE SECOND NOTICE, A LATE NOTICE, WE CALLED YOUR OFFICES, AND WERE TOLD WE COULD RECEIVE A ONE TIME FEE WAIVER OF LATE PAYMENTS. WE REQUEST A ONE TIME FEE WAIVER OF LATE PENALTIES. ENCLOSED IS THE REGULAR YEARLY FEE OF \$150.

THANK YOU,


HUGH A. WILSON
DIRECTOR