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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000100999 (6) DOCUMENT #

WILSON & WILSON INDUSTRIES, INC.

FILED May 06 1998 8:00am Secretary of State



		Mailing Address								
Principal Place										
703 VISTA VIEW CIRCLE 703 VISTA VIEW CIRCLE PORT ORANGE FL 32127 PORT ORANGE FL 32127										
PORT ORANG	GE PL 3212/	PORT ORANGE FL 32127		}	DO NOT WRITE IN THIS SPACE					
					3.	Date Incorporated or Qualified				
					"	11/25/1997	•		1	
2. Principal Pi	lace of Business	2a. Mailing Address			4.	FEI Number		I An	plied For	
21		26	1					⊢	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75 A		
22		27	7			Certificate of Status Desired		Fee Re		
City & State	e	City & State			6.	Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added t		
Zip	Country	Zip	Cou	ntry	8.	This corporation owes or has p	paid the curre	ent year Inti	angible	
24	25	29	30		[Personal Property Tax due Jur	ne 30. 🗀	Yes 🗀	No	
	9. Name and Address of Curren	it Registered Agent				Name and Address of New F	legistered A	gent		
W	OLFE, LARRY			81 Name	э					
200 - A JOHN KNOX ROAD Tallahassee Fl 32303-6643				82 Street	Address (P.	ddress (P.O. Box Number is Not Acceptable)				
				000	(/ (00,000 () .	diless (i.e. box Northber is Not Acceptable)				
			1	B3						
				84 City				lor Zo (2-40	
				84 City			FL	85 Zip (>0GB	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Stati	utes, the at	ove-name	d corporation	submits this statement for the	purpose of	changing its	s registered	
office or r	egistered age nt, or both, in the State . m fa miliar with, and accept the obliga	of Horida. Such change was ations of, Section 607,0505. I	s authorizēc Florida Stat	i by the co utes.	rporation's bo	oard of directors. I hereby acc	ept the appo	intment as	registered	
SIGNATURE	3								ĺ	
SIGNATORE	Signature, typed or printed name of registered age	of and title if applicable (NC	OTE: Registered	Agent signatu	re required when o	reinstating)	DATE			
12.	OFFICERS AN		13.		Α	ADDITIONS/CHANGES TO OFF				
TITLE	D	☐ DELETE	1.1 TeT	LE			Į.	Change	Addition	
NAME	WILSON, RUFUS L SR		1.2 NA	ME	1				};	
STREET ADDRESS	703 VISTA VIEW CIRCLE		1.3 ST	REET ADDRESS	1					
CITY-ST-ZIP	PORT ORANGE FL 32127		1.4 CI	Y-ST-ZIP						
TITLE		☐ DELETE	2.1 7()	LE	1		Į	Change	Addition	
NAME			2.2 NA	ME						
STREET ADDRESS	<u> </u>		2.3 \$1	REET ADDRESS	,]					
CITY-ST-ZIP			2 4 C	TY-ST-ZIP						
TITLE		☐ DELETE	3.1 111	LE			Į	Change	Addition	
NAME			3.2 NA	ME	1				1	
STREET ADDRESS			3.3 ST	REET ADDRESS					ł	
CITY-ST-ZIP				TY-ST-ZIP						
TITLE		☐ DELETE	4.1 1(1	L E			Ę	Change	Addition	
NAME			4 2 N	ME					1	
STREET ADDRESS			4.3 ST	REET ADDRESS	. [1	
CITY-ST-ZIP		·	4.4 CI	Y-ST-ZIP	<u> </u>					
TITLE		☐ DELETE	5.1 117	LE	J		[Change	Addition	
NAME			5.2 NA	ME					1	
STREET ADDRESS			5.3 ST	REET ADDRESS	·					
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP	1					
TITLE		DELETE	6.1 TIT	LE				Change	Addition	
NAME			6.2 NA	ME	J				}	
STREET ADDRESS			6.3 ST	reet address	1					
CITY-ST-7IP			6400	V. \$7. 7ID]	

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.

RITHIS MILLSONA 4/29/98 (904) 320-3722