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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000019443

1. Corporation Name

WILKEY LOCKSMITHS, INC.

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90107 012 ***150.00

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|---|---|---------------------------|--------------|------------------|--|
| Principal Place of Business | Mailing Address | | | | |
| 915 TYRONE BLVD. | 915 TYRONE BLVD. | | | | · |
| ST. PETERSBURG FL 33710 | ST. PETERSBURG FL 337 | 10 | | | DO NOT WRITE IN THIS SPACE |
| | | | | | 3. Date incorporated or Qualifed |
| | | | | | 02/27/1998 |
| 2. Principal Place of Business | 2a. Mailing Address | | | | 4. FE Number : A (1.1) Of C Applied For |
| — , ' | ⊢ , | | | | S9-34947 98 Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | \$8.75 Additional |
| l ' ' | ⊢ | | | | 5. Certificate of Status Desired Fee Required |
| City & State | City & State | | | | C. Fleetier Compaign Financing \$5.00 May De |
| 23 | 28 | | | | Trust Fund Contribution Added to Fees |
| Zip Country | Zip | Cour | itry | | 8. This corporation owes the current year Intangible |
| 24 25 | 29 | 30 | • | | Personal Property Tax. |
| 9. Name and Address of Curre | | 1,441 | | | 10. Name and Address of New Registered Agent |
| ••••• | | _ | 81 | Name | |
| WILKEY, T B | | - | | 01 11 | /DO Double when in block A manufacture |
| 2620 13TH STREET NORTH | | Į | 82 | Street Ad | ddress (P.O. Box Number is Not Acceptable) |
| ST. PETERSBURG FL 33704 | | Ì | 83 | | · · · · · · · · · · · · · · · · · · · |
| | | | | | |
| | | | 84 | City | FL 85 Zip Code |
| 11. Pursuant to the provisions of Sections 607.050 | 02 and 607.1508, Florida Statu | ites, the ab | ove | -named co | prporation submits this statement for the purpose of changing its registered |
| office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga | of Florida. Such change was ations of Section 607.0505. Fl | authorized orida Statu | by t tes. | the corpora | ation's board of directors. I hereby accept the appointment as registered |
| | 111. | | | | uired when reinstating) 1 — 14 — 9 9 DATE |
| SIGNATURE Signature, typed of printed name of registered age | int and title if applicable. (NOT | E: Registered / | gent | t signature requ | uired when reinstating) DATE |
| 12. OFFICERS AN | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE DUSTREE APORS) HAPPY TO | ↑ C DELETE | 1.1 T/T | E. | | Duser/President |
| NAME HT: WO HAVE BOTWING | ld error) | 1.2 NA | đΕ | - | Timothy B. Wilkey |
| STREET ADDRESS DU 10 NO NO NO NO | lel coins | 1.3 STF | EET | ADDRESS 2 | 2620 13'th St. No |
| CITY-ST-ZIP STURMENT BY | 7 0 | 14 CIT | (-ST- | -ZIP S | St Pete FL 33710 |
| TITLE | ☐ DELETE | 2.1 TITI | Æ | | ☐ Change ☐ Addition |
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| NAME | | 4. 2 NA | ME | | |
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| CITY-ST-ZIP | | 4.4 CM | /-ST- | -ZIP | |
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| STREET ADDRESS | | 6.3 STF | EET | ADDRESS | |
| | | 64 CIT | | I | 1 |

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: