

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90013 042 ***550.00

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DOCUMENT # **P98000041554**

Corporation Name

WILKERSON ENTERPRISES, INC.



Principal Place of Business

**20 SE 86TH AVE
NEWBERRY FL 32669**

Mailing Address

**PO BOX 1442
TRENTON FL 32693**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

05/05/1998

4. FEI Number

59-3523248

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. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WILKERSON, LONNIE R JR.
7820 SE 86TH AVE
NEWBERRY FL 32669**

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

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

OFFICERS AND DIRECTORS

1	NAME	<input type="checkbox"/> DELETE
2	STREET ADDRESS	
3	ST-ZIP	
4	NAME	<input type="checkbox"/> DELETE
5	STREET ADDRESS	
6	ST-ZIP	
7	NAME	<input type="checkbox"/> DELETE
8	STREET ADDRESS	
9	ST-ZIP	
10	NAME	<input type="checkbox"/> DELETE
11	STREET ADDRESS	
12	ST-ZIP	
13	NAME	<input type="checkbox"/> DELETE
14	STREET ADDRESS	
15	ST-ZIP	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P Lonnie R. Wilkerson, Jr.
1.3 STREET ADDRESS	7820 SE 86th Ave
1.4 CITY-ST-ZIP	Newberry FL 32669
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S James C. Wilkerson, Jr.
2.3 STREET ADDRESS	8230 SE 74th Ct.
2.4 CITY-ST-ZIP	Newberry FL 32669
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **James C. Wilkerson, Jr.** 9/7/99 352 472 5921

CR2E034 (5/99)