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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000064639

WILSO	N & HSL COMPANY, INC.								(101 1 0 11 01 1 111 1 11 12 1
Principal Pl	ace of Business	Mailing Address							
3900 HEATH ROAD 3900 HEATH ROAD									
JACKSONVILLE FL 32277 JACKSONVILLE FL 32277					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Quali		SOFACE	
						08/01/1998	, ou		
2. Principa	l Place of Business	2a. Mailing Address				4. FEI Number	OI	Apr	lied For
21		26				159-35 <u>25</u> 3	<u> 59.</u>	Not	Applicable
	pt. #, etc.	Suite, Apt. #, et	c		~ -	5. Certificate of Status Desired		- \$8.75 A	_
22		27				C. Columbia de Circulo 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Fee Red	driteg
City & S	tate	City & State				6. Election Campaign Financi	ng 🗀	\$5.00	
23		28				Trust Fund Contribution		Added to	rees
Zip	Country	Zip		untry	!	8. This corporation owes the	current year In		□No
24	9. Name and Address of Cur	29	30	Т		Personal Property Tax. 10. Name and Address of Ne	w Panistaron		١٩٥ ـــ
	9. Name and Address of Cui	rent Registered Agent		81	Name	To. Maille and Addition of the	w riogistores	riguin	
WILSON, BERNARD A									
3900 HEATH ROAD				82	Street Ad	dress (P.O. Box Number is Not Acc	eptable)		
JACKSONVILLE FL 32277				83					_
				84				11 6	
					City		Fl	85 Zip C	ode
office of agent.	Int to the provisions of Sections 607.0 or registered agent, or both, in the Stall am familiar with, and accept the oblination of the stall accept the sta	igations of, Section 607.050	o, Florida Sta	iules	•	iporation's operation's fine statement for attains is a statement for attaining the statement for a statement	DATE	intment as reg	jistered
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	RS IN 12
TITLE		☐ DELE	TE 1.1 T	ITLE		SFFICER	_	☐ Change	Addition
NAME			1.2 N	IAME	<u>†</u>	LEURY TOWNE	S	٠	
STREET ADDRE	ess		1.3 5	TREE	TADDRESS 3	3756 FIFTH AL	ENU		<u>~</u>
CITY-ST-ZIP			1.4 0	aty-s	T-ZIP	JACKSONUILLE OFFICER - PLI	FL	3220	8
TITLE			TE 2.1 T	ΠLE	0	Shane BIRKH	1-	☐ Change	X Addition
NAME			2.2 N	IAME	[5	snane BIKA	11 <u>7</u> 12 111 E		
. STREET ADDRE	ess .	-	2.3 \$	TREE	TADDRESS	539 TAR PON I TACKSONVILLE	アノして	2074	
CITY-ST-ZIP					ST-ZIP	HCK SON OILLE	<u> </u>	ZZ11	TV Addition
TITLE		☐ DELE			5	secretary + Trea	symer	Change	Addition
NAME	\		1	IAME	\	Linda L. Mi	LLER	-	
STREET ADDRE	ESS				TADDRESS S	3847 Cavende	r DK.	エノ ワっ	211
CITY-ST-ZIP		□ DELI			ST-ZIP	Jackson UIIIe		<u> </u>	Addition
TITLE		☐ DELE	4	TLE				☐ Ontainge	
NAME			1	VAME					
STREET ADORE	iss				T ADDRESS				
CITY-ST-ZIP	+	☐ DELE			ST-ZIP			Change	Addition
NAME	1	ے کا		AME					_
MANE	500				TADORESS				

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 of 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

6.1 TITLE

62 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition

CR2E034 (1.1/98)

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90096 032 ***158.75