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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90039 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000066701

1. Corporation Name
WILPRO, INC.

Principal Place of Business
**3160 WILLOW STREET
PO BOX 693
COTTONDALE FL 32431**

Mailing Address
**3160 WILLOW STREET
PO BOX 693
COTTONDALE FL 32431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/30/1998

4. FEI Number
59-3527164

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 **4483 Lime Street**
Suite, Apt. #, etc.

2a. Mailing Address
26 **4483 Lime Street**
Suite, Apt. #, etc.

22
City & State
23 **Marianna, FL**
Zip
24 **32446** Country
25 **USA**

27
City & State
28 **Marianna, FL**
Zip
29 **32446** Country
30 **USA**

9. Name and Address of Current Registered Agent

**WILLIAMS, ROGER
3160 WILLOW STREET
COTTONDALE FL 32431**

10. Name and Address of New Registered Agent

81 Name **Williams, Roger**
82 Street Address (P.O. Box Number is Not Acceptable)
4483 Lime Street
83
84 City **Marianna** FL 85 Zip Code **32446**

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 **Roger Williams** **Roger Williams, Director** DATE **1-4-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D WILLIAMS, ROGER**
STREET ADDRESS **PO BOX 693 N/A**
CITY-ST-ZIP **COTTONDALE FL 32431**

TITLE ☐ DELETE
NAME **D WILLIAMS, JUDITH R**
STREET ADDRESS **PO BOX 693 N/A**
CITY-ST-ZIP **COTTONDALE FL 32431**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **4483 Lime Street**
1.4 CITY-ST-ZIP **Marianna, FL 32446**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **4483 Lime Street**
2.4 CITY-ST-ZIP **Marianna, FL 32446**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: **Judith R. Williams** **Judith R. Williams, Director** DATE **1-4-99** DAYTIME PHONE # **(850) 482-2158**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)