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 # P98000107990

WILSON COMMERCIAL MANAGEMENT COMPANY

Principal Place of Business 6200 COURTNEY CAMPBELL CAUSEWAY. SUITE 600 TAMPA FL 33607

2. Principal Place of Business

SIGNATURE:

Mailing Address

2a. Mailing Address

26

6200 COURTNEY CAMPBELL CAUSEWAY. SUITE 600 TAMPA FL 33607

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90040 013 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

3. Date Incorporated or Qualifed

12/30/1998

59-3561430

Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
27		27			5. Certificate of Status Desired Fee Required		
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28		_	Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year Intangible		
24	25	293	0		Personal Property Tax. Yes No		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent		
MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 W FLAGLER ST				81 Name	1 Name		
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				,	FL <u> </u>		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the at	ove-name	d corporation submits this statement for the purpose of changing its registered		
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auti itions of, Section 607.0505, Florid	nonzed Ia Statu	by the con ites.	poration's board of directors. I hereby accept the appointment as registered		
SIGNATURE					N. P.		
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: RI	egistered	Agent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D OFFICERS AI	DELETE	1.1 111	IF.	D/P/T Mange Addition		
	WILSON, JACK		1.2 NA				
NAME		ALICEWAY CHITE COO					
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY, SUITE 600				REET ADDRESS	<i>i</i>		
CITY-ST-ZIP	TAMPA FL 33607	Classists		Y-ST-ZIP	V/S Change (XAddition		
TITLE		☐ DELETE	2.1 TIT		11/3		
NAME			2.2 NA	ME	Koehler, Debra F.		
STREET ADDRESS			2.3 ST	REET ADDRESS	Table to an extend a second		
CITY-ST-ZIP			2. 4 CI	TY-ST-ZIP	Tampa, FL 33607		
TITLE		☐ DELETE	3.1 TITLE		V ☐ Change ☑ Addition		
NAME			3.2 NA	ME	Welch, Gary E.		
STREET ADDRESS			3.3 ST	REET ADDRESS			
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP	Tampa FL 33607		
TITLE		☐ DELETE	4.1 TIT	LE	V ☐ Change		
NAME			4 2 N	ME	Bowers, Christopher G.		
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP			4.4 Cf1	Y-ST-ZIP	Tampa FL 33607		
TITLE		DELETE	5.1 TIT		Change Addition		
NAME			5.2 NA	ME	-co#		
STREET ADDRESS			5.3 ST	REET ADDRESS	3		
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP			
TITLE		DELETE	6.1 TIT	LE .	☐ Change ☐ Addition		
			6.2 NA	ME			
			6.3 ST	REET ADDRESS			
	i		1				
CHY-ST-ZIP	certify that the information supplied w	ith this filing does not qualify for the			ed in Section 119 07(3Vi) Florida Statutes I further certify that the information		
NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby a indicated officer or	certify that the information supplied w	ith this filing does not qualify for the language of the langu	6.2 NA 6.3 STI 6.4 CII the exer and ecute th	ME REET ADORESS Y-ST-ZIP Inption state that my sig is report as	ad in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607. Florida Statutes; and that my name appears in		

enal for 10 = Debra F. Koehler