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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S57713**

(7)

1. Corporation Name

NATIONAL WIRE SOUTHEAST, INC.

Principal Place of Business

**1375 W CHURCH STR
JACKSONVILLE FL 32204
US**

Mailing Address

**1375 W CHURCH ST
JACKSONVILLE FL 32204-1303
US**



3. Date Incorporated or Qualified

06/06/1991

3a. Date of Last Report

04/02/1996

4. FEI Number

59-3066312

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WILKINSON, EDGAR L.
1375 W CHURCH ST
JACKSONVILLE FL 32204**

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DCP
MCLEAN, DONALD R.**
STREET ADDRESS **2676 COVE VIEW DR. N.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☒ DELETE

NAME **DVP
SLUIS, MARVIN G.**
STREET ADDRESS **2092 WATERCREST ROAD**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE ☐ DELETE

NAME **DST
WILKINSON, EDGAR L.**
STREET ADDRESS **12983 SILVER OAK DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **D
O'STEEN, HOWARD K.**
STREET ADDRESS **4819 ORTEGA FOREST DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **D
O'STEEN, HAROLD S.**
STREET ADDRESS **4811 ORTEGA BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **D
DAVIS, WAYNE T**
STREET ADDRESS **4034 W ALHAMBRA DR**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do 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:

Edgar L. Wilkinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDGAR L. WILKINSON

2/18/97

904-353-4682

Daytime Phone #

CR2E034 (9/96)