


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

FILED

May 05 1997 8:00am
Secretary of State

| | | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # V02887 (0) | | | |
| 1. Corporation Name WILTONE INCORPORATED | | | |
| Principal Place of Business 2101 W HILLSBOROUGH AVE TAMPA FL 33603 US | | Mailing Address 2101 W HILLSBOROUGH AVE TAMPA FL 33603-1050 US | |
| 2. Principal Place of Business 21 8416 Laurel Fair Cir Suite, Apt. #, etc. 22 114 City & State 23 Tampa Zip 24 33610 Country 25 U.S. | | 2a. Mailing Address 26 8416 Laurel Fair Cir Suite, Apt. #, etc. 27 114 City & State 28 Tampa Zip 29 33610 Country 30 US | |
| 3. Date Incorporated or Qualified 12/24/1991 | | | |
| 3a. Date of Last Report 04/30/1996 | | | |
| 4. FEI Number 59-3106827 | | | |
| Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent FERRARO, ANTHONY G. 2101 W HILLSBOROUGH AVE TAMPA FL 33603 | | 10. Name and Address of New Registered Agent 81 Name Tina M Reese 82 Street Address (P.O. Box Number is Not Acceptable) 8416 Laurel Fair Cir # 114 83 84 City Tampa FL 85 Zip Code 33610 | |
| 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: Tina M. Reese - President 4/25/97 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | D | 1.1 TITLE | President/Treasurer |
| NAME | FERRARO, ANTHONY G. | 1.2 NAME | Tina M Reese |
| STREET ADDRESS | 10822 N. EDISON ST. | 1.3 STREET ADDRESS | 1012 Emerald Creek Dr |
| CITY - ST - ZIP | TAMPA FL | 1.4 CITY - ST - ZIP | Valrico FL 33594 |
| TITLE | D | 2.1 TITLE | Vice President/Secretary |
| NAME | FERRARO, WILMA M. | 2.2 NAME | |
| STREET ADDRESS | 10822 N. EDISON ST. | 2.3 STREET ADDRESS | 1012 Emerald Creek Dr |
| CITY - ST - ZIP | TAMPA FL | 2.4 CITY - ST - ZIP | Valrico FL 33594 |
| TITLE | D | 3.1 TITLE | |
| NAME | BULLOCK, TINA M. | 3.2 NAME | |
| STREET ADDRESS | 1012 EMERALD CREEK ROAD | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | VALRICO FL | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 or on an attachment with an address. | | | |
| SIGNATURE: Tina M. Reese 4/25/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # | | | |

CR2E034 (9/96)