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

Mailing Address

11497-2 COLUMBIA PARK DR W

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V33941

Principal Place of Business

11497-2 COLUMBIA PK DRIVE W

WILSON ENGINEERED SYSTEMS, INC.

ACKSONVILLE FL 32258 JACKSONVILLE FL 32258						DO NOT WRITE IN THIS SPACE		
IS		US Sylvin				3. Date Incorporated or Qualifed		
		*				05/01/1992	·	
	- A Pusings	2a. Mailing Address				4. FEI Number		Applied For
2. Principal Pla	ce of Business	26				59-3127099		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional
Suite, Apt. #	, 616.	27				5. Certificate of Status Desired	Fee	Required
2) City & State		City & State				6.=Election.Campaign.Financing		0-May Be ~~~~
3		28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip Country				8. This corporation owes the current year	ar Intangible	□Ma
ล ั้	25	29	30			Personal Property Tax.	□Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registr	erea Agent	
				81	Name			
SKEELS, ROBERT A.				82 Street Address (P.O. Box Number is Not Acceptable)				
2333 AZAELIA DR								
JACK	SONVILLE BEACH FL 32250			83				
	•			84	City		85 Z	ip Code
			ė.				FL	it registered
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		Pasta	/NOTE: Projetere	d Agen	t signature requi	ired when reinstating) DA		
	Signature, typed or printed name of registered agent OFFICERS AND		13.		it agriculto requi	ADDITIONS/CHANGES TO OFFICER	RS AND DIREC	TORS IN 12
12.	····	DIRECTORS		TTLE	$\overline{}$	-	☐ Chan	nge
TITLE	PST THOMAS F	ــــــــــــــــــــــــــــــــــــــ		IAME	ļ			.
NAME	WILSON, THOMAS E.		I		r ADDRESS			
STREET ADDRESS	1983 RALEY CREEK DR WEST			CITY-S				
CITY-ST-ZIP	JACKSONVILLE FL	□ DEL		MLE.	1-211		☐ Chan	nge
TITLE	D			VAME				
NAME	WILSON, THOMAS E.				TADDRESS			
STREET ADDRESS	1983 RALEY CREEK DR WEST			CITY-S		***		
CITY-ST-ZIP	JACKSONVILLE FL	[] DE		TITLE	31-21		Char	nge
TITLE		C, DC.		NAME				Ì
NAME.			1		TADDUCCE	,		, 1
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CITY-ST-ZIP		DE		TITLE	S1-ZIP		Char	nge 🗌 Addition
TITLE				NAME				
NAMĘ					T ADDRESS			
STREET ADORESS					Ī			
CITY-ST-ZIP		□ DE		CITY-S	51-ZIP		Cha	nge 🗌 Addition
TITLE .				NAME	1			\
NAME					T ADDRESS			•
STREET ADDRESS	1			CITY-9			•	. \
CITY-ST-ZIP		DE		TITLE	31-2F		Cha	inge
TITLE		L I DE		NAME			_	
NAME					Y .			
STREET ADDRESS	(数) 21代 《新西拉斯				ET ADDRESS			
OTTV OT 70	13 1 g ; (n + ")		6.4	CITY-	ST-ZIP		435 41-4	the information

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:

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90037 023 ***150.00