

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V72385** (0)

1. Corporation Name

WILSON TERRY, INC.

Principal Place of Business

**POST OFFICE BOX 550941
JACKSONVILLE FL 32255**

Mailing Address

**POST OFFICE BOX 550941
JACKSONVILLE FL 32255**



2. Principal Place of Business

21 Subst. Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Subst. Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**ORREL, WALLY T.
2 INDEPENDENT DRIVE
SUITE 215
JACKSONVILLE FL 32202**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

01/01/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3164780

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0022 and 607.1503, 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 607.0024, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD	[] DELETE
NAME	ORREL, WALLY T.	
STREET ADDRESS	2 INDEPENDENT DRIVE, SUITE 215	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	PDS	[] DELETE
NAME	ORREL, KATIE M.	
STREET ADDRESS	2 INDEPENDENT DRIVE, SUITE 215	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	V	[] DELETE
NAME	MOTALEBI, SHAHLOAZ	
STREET ADDRESS	9536 PRINCETON SQUARE BLVD, SOUTH, #508	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	[] Change [] Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	[] Change [] Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	[] Change [] Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	[] Change [] Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	[] Change [] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), 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; that 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 in changed, or on or about filed with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

(610)
359-1620

CR2E034 (12/95)