

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

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95 APR 20 PM 2:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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DO NOT WRITE IN THIS SPACE.

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000009443 (0)
1. Corporation Name

Wildon Builders And Contractors Incorporated

Principal Place of Business Mailing Address
**542 Sabal Trail Cir. 542 Sabal Trail Cir.
Longwood, FL 32779 Longwood, FL 32779**

3. Date incorporated or Qualified 3a. Date of Last Report
02/07/1994 N/A

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-3223122		Not Applicable	
Sute, Apt. #, etc.		Sute, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28					
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Kafka, Donald L. 542 Sabal Trail Cir. Longwood, FL 32779				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 607.0503, Florida Statutes.

SIGNATURE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kafka, Donald L.	1 2 NAME	Wilson, Eric C.
STREET ADDRESS	542 Sabal Trail Cir.	1 3 STREET ADDRESS	552 N.W. 97th Avenue
CITY - ST - ZIP	Longwood, FL 32779	1 4 CITY - ST - ZIP	Plantation, FL 33324
TITLE	D	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kafka, Wilma	2 2 NAME	
STREET ADDRESS	542 Sabal Trail Cir.	2 3 STREET ADDRESS	
CITY - ST - ZIP	Longwood, FL 32779	2 4 CITY - ST - ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Donald L. Kafka **Donald L. Kafka** **4/12/95** **(305)432-5744**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

SW 4-20-95