

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 551639

**Entity Name:** WILK, INC.

**Current Principal Place of Business:**

1315 HWY 17-92 WEST  
HAINES CITY, FL 33844

**Current Mailing Address:**

P O BOX 2037  
HAINES CITY, FL 33845 US

**FEI Number:** 59-1779970

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

F. DELANE WILKINSON  
1315 HWY 17-92 WEST  
HAINES CITY, FL 33844 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	PD	Title	VP
Name	WILKINSON, F DELANE	Name	WILKINSON, STEVEN D.
Address	1909 PENINSULAR DR	Address	2104 PENINSULAR DR.
City-State-Zip:	HAINES CITY FL 33844	City-State-Zip:	HAINES CITY FL 33844

Title SECRETARY, TREASURER  
Name LEWIS, MARY ANN  
Address 10980 JIM EDWARDS ROAD  
City-State-Zip: HAINES CITY FL 33844

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARY ANN LEWIS

S/T

02/03/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date