

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M88170

Entity Name: WILKINS FROHLICH, P.A.**Current Principal Place of Business:**C/O BRIAN M. BEASON
18501 MURDOCK CIRCLE #103
PORT CHARLOTTE, FL 33948**Current Mailing Address:**C/O BRIAN M. BEASON
18501 MURDOCK CIRCLE SUITE 103
PORT CHARLOTTE, FL 33948 US**FEI Number:** 65-0057351**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEASON, BRIAN MESQ.
18501 MURDOCK CIRCLE
SUITE 103
PORT CHARLOTTE, FL 33948 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	VD
Name	WILKINS, GARY L.
Address	18501 MURDOCK CIR 6TH FLOOR
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	PD
Name	FROHLICH, W. CORT
Address	RT. 1, BOX 839
City-State-Zip:	PUNTA GORDA FL

Title	STD
Name	HANAOKA, LOUISE O
Address	30337 HOLLY ROAD
City-State-Zip:	PUNTA GORDA FL 33982

Title	D
Name	DOUGLAS, CATHERINE
Address	18501 MURDOCK CIRCLE, 6TH FLOOR
City-State-Zip:	PT. CHARLOTTE FL 33948

Title	D
Name	BEASON, BRIAN M
Address	18501 MURDOCK CIRCLE SUITE 103
City-State-Zip:	PORT CHARLOTTE FL 33948

Title	D
Name	GORDON, JAMES D
Address	18501 MURDOCK CIRCLE SUITE 103
City-State-Zip:	PORT CHARLOTTE FL 33948

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: BRIAN M. BEASON**REGISTERED AGENT****02/01/2016**

Electronic Signature of Signing Officer/Director Detail

Date