

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # G31278 (6)
 1. Corporation Name
WILSON ADVERTISING, INC.



Principal Place of Business Mailing Address
% KENNETH CHARLES WILSON
565 N W 1ST AVE.
CRYSTAL RIVER FL 34428
US

3. Date Incorporated or Qualified **03/23/1983** 3a. Date of Last Report **04/28/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2286479** Applied For Not Applicable

21 Suite, Apt. #, etc. **Rt 2 Box 48A** 26 Suite, Apt. #, etc. **P.O. Box 36**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State **Greenville FL** 27 City & State **MONTICELLO FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip **32331** Country **Madison** 28 Zip **32345** Country **JEFFERSON**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WILSON, KENNETH CHARLES
565 N W 1ST AVE.
CRYSTAL RIVER FL 32629

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (Type or print name of registered agent and file of application) (Type or print name of registered agent and file of application) (Date)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WILSON, PATRICIA ANN	
STREET ADDRESS	565 N W 1ST AVE.	
CITY - ST - ZIP	CRYSTAL RIVER FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WILSON, KENNETH CHARLES	
STREET ADDRESS	565 N W 1ST AVE.	
CITY - ST - ZIP	CRYSTAL RIVER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Rt 2 Box 48A	
13 STREET ADDRESS	GREENVILLE FL 32331	
14 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Rt 2 Box 48A	
23 STREET ADDRESS	GREENVILLE FL 32331	
24 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia G. Wilson, President **8/6/96** **904-948-3263**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Display Phone #

CR2E034 (3/96)