ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPOR™

1999



## FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

rincipal Place of Business Mailing Address 37 F PMRPF ST 437 F MONROE ST **ACKSONVILLE FL 32202** JACKSONVILLE FL 32202

## FILED Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90008 050 \*\*\*558.75

284937 - 90000 - 30 WILLIS CONSTRUCTION COMPANY DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/08/1980 Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 437 E. Monroe St. Not Applicable 59-2002132 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional  $\mathbf{k}$ 5. Certificate of Status Desired 100 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Jacksonville, Fl. 32202 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes the current year 32202 US X No Intangible Personal Property. 29 30 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PEEK, EUGENE G., III 82 Street Address (P.O. Box Number is Not Acceptable) 1609 GULF LIFE TOWER JACKSONVILLE FL 32207 83 84 City 85 Zip Code 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 legistered about, 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 vito accept the obligations of, section 607.0505, Florida Statutes.

IGNATURE DATE red agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/99) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. LE 1.1 TITLE Change Addition DELETE WILLIS, LYNWOOD G. 1.2 NAME ME 415 EAST MONROE STREET REET ADDRESS 1.3 STREET ADDRESS Jacksonville fl 4 CITY-ST-ZIF Y-ST-ZIP lΕ DELETE 2.1 TITLE ٧E 2.2 NAME 2.3 STREET ADDRESS REET ADDRESS 2.4 CITY-ST-ZIP Y-ST-ZIP 3.1 TITLE Change Addition ιF \_\_ DELETE 3.2 NAME VIF. 3.3 STREET ADDRESS REET ADDRESS 3.4 CITY-ST-ZIP Y-ST-ZIF 4.1 TITLE \_E DELETE Change 4.2 NAME 4.3 STREET ADDRESS REET ADDRESS 4.4 CITY-ST-ZIP Y-ST-ZIP 5.1 TITLE DELETE Change \_\_\_ Addition 5.2 NAME 5.3 STREET ADDRESS EET ADDRESS 5.4 CITY-ST-ZIP Y-ST-ZIP .E DELETE 6.1 TITLE Change Addition Æ 6.2 NAME 6.3 STREET ADDRESS **FET ADDRESS** 

6.4 CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 conforation on the receiver outrustee 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.

**IGNATURE:** 

904-358-3898