

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P93000041404 (3)**

1. Corporation Name

**WILLING WORKERS OF TAMPA, INC.**

Principal Place of Business

Mailing Address

~~2024 SOUTH STREET~~  
TAMPA FL 33607

**922 W. Kennedy**  
**Tampa, FL 33606**

~~2024 SOUTH STREET~~  
TAMPA FL 33607

**922 Kennedy**  
**TAMPA FL 33672**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/01/1993**

3a. Date of Last Report

**06/16/1994**

4. FEI Number

**59-3185868**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

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

2. Principal Place of Business

21

Suite, Apt. #, etc

23. City & State

24. Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc

27. City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CRAWFORD, LILA WA**  
**4108 PINELAKE LANE**  
**TAMPA FL 33624**

10. Name and Address of New Registered Agent

81. Name

**Robert Watson**

82. Street Address (P.O. Box Number is Not Acceptable)

**922 W. Kennedy Blvd.**

83.

84. City

**Tampa**

85. FL

86. Zip Code

**33606**

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

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**P**  
**BROWN, ABRAHAM**  
**3602 RIVERGROVE DR.**  
**TAMPA FL 33610**

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY, ST, ZIP  
 Change  Addition  
**000001487560**  
**05/15/95-01027-001**  
**\*\*\*\*417.50 \*\*\*\*208.15**

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**V**  
**WATSON, ROBERT**  
**3733 SOUTHVIEW DR.**  
**BRANDON FL 33528**

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY, ST, ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**S**  
**CRAWFORD, LILA**  
**4108 PINELAKE LANE**  
**TAMPA FL 33624**

9. TITLE  
10. NAME  
11. STREET ADDRESS  
12. CITY, ST, ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. TITLE  
14. NAME  
15. STREET ADDRESS  
16. CITY, ST, ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

17. TITLE  
18. NAME  
19. STREET ADDRESS  
20. CITY, ST, ZIP  
 Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY, ST, ZIP  
 Change  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 110.07(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: **Lila Crawford**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/95** **258-8211**  
DATE (Typed Name)