

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



**98-99AR**

FILED

JUN 24 PM 2:31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P97000069329**

1. Corporation Name  
**E. L. Williamson, Inc.**

Principal Place of Business  
**PO. Box 272018 Tampa, FL 33688**

Mailing Address  
**C/O Walter Sanders 13910 N. Dale Mabry Hwy Ste One Tampa, Florida 33618**

**REINSTATEMENT 98-99**

3. Date Incorporated or Qualified  
**August 8, 1997**

4. F.C. Number  
**59-3465919**

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 owes the current year Intangible Personal Property Tax  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent  
**Walter Sanders 13910 N. Dale Mabry Hwy Ste One Tampa, Florida 33618**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 **Walter Sanders** **Walter Sanders** **4/29/99**

12. OFFICERS AND DIRECTORS

|                |                                      |            |
|----------------|--------------------------------------|------------|
| TITLE          | <b>D</b>                             | [ ] DELETE |
| NAME           | <b>Williamson, Everett</b>           |            |
| STREET ADDRESS | <b>810 Colonial Village Dr. #108</b> |            |
| CITY-ST-ZIP    | <b>Tampa, Florida 33625</b>          |            |
| TITLE          | <b>D</b>                             | [ ] DELETE |
| NAME           | <b>Williamson, Carol</b>             |            |
| STREET ADDRESS | <b>810 Colonial Village Dr. #108</b> |            |
| CITY-ST-ZIP    | <b>Tampa, Florida 33625</b>          |            |
| TITLE          |                                      | [ ] DELETE |
| NAME           |                                      |            |
| STREET ADDRESS |                                      |            |
| CITY-ST-ZIP    |                                      |            |
| TITLE          |                                      | [ ] DELETE |
| NAME           |                                      |            |
| STREET ADDRESS |                                      |            |
| CITY-ST-ZIP    |                                      |            |
| TITLE          |                                      | [ ] DELETE |
| NAME           |                                      |            |
| STREET ADDRESS |                                      |            |
| CITY-ST-ZIP    |                                      |            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                              |                         |
|-------------------|------------------------------|-------------------------|
| 11 TITLE          |                              | [ ] Change [ ] Addition |
| 12 NAME           | <b>800002918678--2</b>       |                         |
| 13 STREET ADDRESS | <b>-06/29/99--01057--013</b> |                         |
| 14 CITY-ST-ZIP    | <b>****150.00 ****150.00</b> |                         |
| 21 TITLE          |                              | [ ] Change [ ] Addition |
| 22 NAME           | <b>800002918678--2</b>       |                         |
| 23 STREET ADDRESS | <b>-06/29/99--01057--014</b> |                         |
| 24 CITY-ST-ZIP    | <b>*****8.75 *****8.75</b>   |                         |
| 31 TITLE          |                              | [ ] Change [ ] Addition |
| 32 NAME           | <b>800002918678--2</b>       |                         |
| 33 STREET ADDRESS | <b>-06/29/99--01057--015</b> |                         |
| 34 CITY-ST-ZIP    | <b>****750.00 ****750.00</b> |                         |
| 41 TITLE          |                              | [ ] Change [ ] Addition |
| 42 NAME           |                              |                         |
| 43 STREET ADDRESS |                              |                         |
| 44 CITY-ST-ZIP    |                              |                         |
| 51 TITLE          |                              | [ ] Change [ ] Addition |
| 52 NAME           |                              |                         |
| 53 STREET ADDRESS |                              |                         |
| 54 CITY-ST-ZIP    |                              |                         |
| 61 TITLE          |                              | [ ] Change [ ] Addition |
| 62 NAME           |                              |                         |
| 63 STREET ADDRESS |                              |                         |
| 64 CITY-ST-ZIP    |                              |                         |

14. 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 corporation or the receiver or trustee 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, with all other like empowered.

SIGNATURE: **Everett Williamson**

**4/29/99**

CR2E034 (11/98)