

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S57455** (5)
1. Corporation Name
PAULA A. WILLIS, P.A.



Principal Place of Business: **300 SE 1 AVE STE C OCALA FL 34471 US**
Mailing Address: **P. O. BOX 5820 OCALA FL 34478 US**

3. Date Incorporated or Qualified: **06/05/1991** 3a. Date of Last Report: **03/23/1995**
4. FEI Number: **59-3070672** 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

21. Principal Place of Business: State, Apt. #, etc.: **FL** City & State: **OCALA FL** Zip: **34471** Country: **US**
22. State, Apt. #, etc.: **FL** City & State: **OCALA FL** Zip: **34471** Country: **US**
23. City & State: **OCALA FL** Zip: **34471** Country: **US**
24. Zip: **34471** Country: **US**

9. Name and Address of Current Registered Agent
**WILLIS, PAULA A
300 SE 1ST AVE
SUITE C
OCALA FL 34471**

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 607.1506), 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 (0502), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE	PVT	<input type="checkbox"/> DELETE
2. NAME	WILLIS, PAULA A	
3. STREET ADDRESS	300 SE 1ST AVE STE C	
4. CITY, ST, ZIP	OCALA FL	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE		
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
25. TITLE		
26. NAME		
27. STREET ADDRESS		
28. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
29. TITLE		
30. NAME		
31. STREET ADDRESS		
32. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
33. TITLE		
34. NAME		
35. STREET ADDRESS		
36. CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
37. TITLE		
38. NAME		
39. STREET ADDRESS		
40. 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Paula Willis* **2-12-96** (352) 622-2688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)