May 01, 1999 8:00 am Secretary of State

05-01-1999 90074 025 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 185235 1. Corporation Name

BILL SHARPTON, INC.

DIEE OIII	an row, no		_				
Principal Place of Business Mailing Addre		Mailing Address	dress		( 1831êt tient lêtêt ditte trans rudt ditt eret atte	W. 6161 6161 1001	
1211 W TERRACE DRIVE PLANT CITY FL 33565 US  2910 JAMES MELVIN DR PLANT CITY FL 33565 US					DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed  05/16/1955		
2. Principal Place of Business 2a. Mailing Address						Applied For	
21 26					59-0737394	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		· <del> </del>			\$8.75	5 Additional Required	
	City & State City & State				6. Election Campaign Financing \$5.0	May Be	
23	28		_	Trust Fund Contribution Added to Fees		d to Fees	
Zip	Zip Country Zip Co		Country		8. This corporation owes the current year Intangible	_	
24	25	29 30			Personal Property Tax. Yes	□No	
	9. Name and Address of Currer	nt Registered Agent		T	10. Name and Address of New Registered Agent		
	01110 011100110		81	Name			
WIGGINS, SHARON S. 2910 JAMES MELVIN DR.			82	Street Addre	eet Address (P.O. Box Number is Not Acceptable)		
PLANT CITY FL 33565			83				
			84	City	. FL  85   Z	ip Code	
11. Pursuant to the provisions of Sections 807.0002 and 007.1003, Nortice appointment as 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 reinstating)  DATE							
			13.		ADDITIONS/CHANGES TO OFFICERS AND DIREC		
TITLE	P	DELETE 1.1TI		ļ	orang	je	
NAME	WIGGINS, SHARON S.						
STREET ADDRESS			1.3 STREET				
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	Chang	ge Addition	
TITLE			2.1 TMLE			,,,	
NAME	517 THE TOTAL THE		2.2 NAME			Ì	
STREET ADDRESS	12/11/11/11/11/11		2.3 STREET		•	ł	
CITY-ST-ZIP			2.4 CITY-S 3.1 TITLE	ST-ZIP	Chang	ge Maddition	
TITLE		<del>-</del>			·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME			3.2 NAME	* *********			
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP			3.4. CITY-S 4.1 TITLE	51-21P	Chang	ge Addition	
TITLE		Detere				,	
NAME			4. 2 NAME			j	
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP	P .	DELETE	4.4 CITY-S	1-ZP	Chang	ge Addition	
TITLE		C nere ie	5.1 TITLE 5.2 NAME		,	,	
NAME			5.3 STREET	TADDRESS		J	
STREET ADDRESS			5.4 CITY-S	1		İ	
CITY-ST-ZIP	·		6.1 TITLE	·	Chang	ge Addition	
NAME .	· · · · · · · · · · · · · · · · · · ·		6.2 NAME	}		· <del>-</del>	
IN-MAIL				- 1	•		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP