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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 234947

STREET ADDR ESS

CITY-ST-ZIP

WILLIAMS COMPANY OF TAMPA, INC.

Principal Place of Business Mailing Address							E KATEL BYDNY HOUT DOUT	Albii Bibii diali	87846 878 66 (88 1
3736 EAST HILLSBORO AVENUE P.O. BOX 11911 TAMPA FL 3:680-1911		3736 EAST HILLSBORO AVENUE P.O. BOX 11911 TAMPA FL 33680-1911		DO NO	OT WRITE IN TH	S SPACE			
IAMIA IL GO	w-1311	17MH A 12 90000 1011				3. Date Incorporated or Q	ualifed		
						03/31/1960			-
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		⊢ + -	op ied For ot Applicable
21	#	26 Suite, Apt. #, etc.				59-0903364			Ac ditional
Suite, Apt.	#, etc.	27				5. Certificate of Status Des	sired		equired
City & Srat	te	City & State				6. Election Campaign Fina	ancing	\$5.00	May Be
23		28				Trust Fund Contribution	· III		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes t	he current year l		
24	25	29	30	_,		Personal Property Tax.		_ ⊉ Yes	[]No
	9. Name and Add ess of Curr	ent Registered Agent		04	Nama	10. Name and Address of	New Registere	d Agent	
CIT	OTT, PAUL SIDNEY			81	Name				
	ISTALL FINANCIAL CTR			82	Street Acc	fress (P.O. Box Number is Not	Acceptable)		
13153-N DALE MABRY HWY #120				83					
	IPA FL 33618						 _		
				84	City		F	85 Zip	Code
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Staum familiar with, and accept the obli	ite of Florida. Such change wa igations of, Section 607.0505,	is authorized Florida Stati	by tr	ne corporat	ion's board of directors. I hereb	y accept the apr	ointment as re	eg stered
		1 1 201 - 32 - 21 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Of the sections	Anant r	maaabura radii ir	od udon reinstation)	DATE		
12	Signature, typed or printed name of registered a			Agent s	signature requir	ADDITIONS/CHANGES	TO OFFICERS	AND DIRECTO	ORS IN 12
12.	OFFICERS A	gent and title if applicable. (NANI) DIRECTORS DELETE	13.		signature requir	ADDITIC)NS/CHANGES		AND DIRECTO	DFRS IN 12
12. TITLE NAME	OFFICERS A	AND DIRECTORS	13.	LE	signature requir				
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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 indical ed on this annual report or supplemental annual report is true and accurate and that my signal ure shall have the same legal effect as if made under oath; that I am an officer or director of the corporution 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 change 1, or on an attagramment with an address, with all other like empowered. JANEL 1 SAUNDERS HANKS **SIGNATURE**

6.4 CITY-ST-ZIP

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90081 028 ***150.00