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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 319392

(7)

BILL MATTHEW COMPANY

appears in Block 12 or B

SIGNATURE:

Principal Place of Business Mailing Address								n imbiede sondt stade frank strine sørite state.	MINNE DIDIE D	I WITH WINDER OF BUT I	{ 	
129 BUENA VISTA DRIVE 129 BUENA VISTA DUNEDIN FL 34698-3305 DUNEDIN FL 3468												
								3. Date incorporated or Qualified 07/28/1967		ate of Last Re 18/1996	eport	
·······	lace of Business	 	2a. Mailing Address				4. FEI Number			plied For		
21	D	Suite, Apt. #, etc.					59-1206450			t Applicable		
Suite, Apt. #, etc.			├ ── ┐	27				5. Certificate of Status Desired		\$8.75 A		
City & State			City & State					6. Election Campaign Financing		\$5.00		
23			28	28				Trust Fund Contribution		Added 1		
Zip	Country		Zip	Zip Cou				8. This corporation has liability for intangible tax unde			. 199.032,	
24	25		29	<u> </u>			***************************************			Yes No		
		Address of Curren	t Registere	i Agent		81	Name	10. Name and Address of New Ro	gistered	Agent		
	THEW, WILLIAM					"	Name					
129 BUENA VISTA DR							Street Ac	dress (P.O. Box Number is Not Accepta	dress (P.O. Box Number is Not Acceptable)			
DUNEDIN FL 34698												
						83						
						84	City		FL	85 Zip (Code	
11. Pursuant	to the provisions	of Sections 607.050	2 and 607.1	508, Florida Statul	les, the a	bove	e-named c	orporation submits this statement for the	ourpose o	f changing it	s registered	
office or re agent. La	egistered agent, m familiar with, a	or both, in the State and accept the oblige	of Florida, S ations of Sei	uch change was ction 607.0505, FI	authorize orida Stal	d by tutes	/ the corpo s.	oration's board of directors. I hereby acce	ot the app	ointment as	registered	
SIGNATURE			·									
	Signature typed or pri	need name of registered ager				d Age	ent signature re	equired when reinstating)	DATE			
12.	en .	OFFICERS AND	DIRECTOR		13.			ADDITIONS/CHANGES TO OFFI	JERS AND			
TITLE	SD STORY CLE	MENT		☐ DELETE	1.1 T					Change	Addition	
NAME	STORY, CLE	RIDGE COURT			1.2 N							
STREET ADDRESS	DUNEDIN FL				1		ADDRESS				ļ	
CITY-S1-ZIP TITLE	VPD			DELETE	2.1 T		T-ZiP			Change	Addition	
NAME	MATTHEW, T	IMOTHY O			2.2 N					CHILD OUR THE	/100/CO	
STREET ADDRESS	13714 WALB				- 1		ADDRESS					
CITY-ST-ZIP	TAMPA FL	HOOKE DIT					ST-ZIP		. 4			
TITLE	PD			DELETE	3.1 Ti		31-21			Change	Addition	
NAME	MATTHEW, V	VILLIAM L		—	3.2 N	AME						
STREET ADDRESS	129 BUENA				1		ADDRESS					
CiTY - ST - ZiP	DUNEOIN FL						ST-ZIP					
TITLE				DELETE	4.1 79					Change	Addition	
NAME					4.21	NAME					l	
STREET ADDRESS					4.3 \$	TREET	ADDRESS					
CITY - ST - ZIP					4.4 C	ITY-S	T- ZIP					
TITLE				DELETE	5.1 TI	ITLE				Change	☐ Addition	
NAME					52 N	AME	1					
STREET ADDRESS					53S	TAEET	ADDRESS					
CITY+ST-7/P					5.4 C	(TY - S	Y-ZIP		<u>,</u>			
TITLE	1			DELETE	6.1 TI	ITLE	Ţ			Change	Addition	
NAME					6.2 N	AME						
STREET ADDRESS					6.3 S	TREET	ADDRESS					
	i										,	

14. I do 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 armore 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 true se empowered to expecute this report as required by Chapter 607, Florida Statutes; and that my name