Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90042 029 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 420454

1. Corporation Name

WILLIAM R. DITTMER CORPORATION

,								
Principal Place of Business Mailing Address								
1948 CLAREND	ON: RD.	1948 CLAREN						
CLEARWATER I	FL 33763	CLEARWATER FL 33763				DO NOT WRITE IN THIS SPACE		
US		US	us					
1 -			~ · ·	- ·		3. Date incorporated or Qualified 03/05/1973		
2. Principal P	lace of Business	2a. Mailing A	Address			4. FEI Number	Apr	plied For
21	•	26				59-1440760	Not	t Applicable
Suite, Apt. #, etc.		— — · ·	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> A Fee Red	
City & State			City & State			6. Election Campaign Financing	\$5.00	May Ro
23		28				Trust Fund Contribution Added to Fees		
Zip Country			Zip Country			8. This corporation owes the current year Intangible		
24	25	29	<u> </u>	0		Personal Property Tax.		□No
	9. Name and Address of Curre			<u> </u>		10. Name and Address of New Registers	ed Agent	
		<u> </u>		81	Name			
DITT	MER, WILLIAM R.			100	<u> </u>	(D.C. D. M. Harris Mat Assessible)		
1948 CLARENDON ROAD				82	Street A	Address (P.O. Box Number is Not Acceptable)		ĺ
CLE/	ARWATER FL 34623							
,	•							
				84	City	F	85 Zip C	ode
agent. I a	m familiar with, and accept the oblig					riquired when reinstating) DATE.		
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE .	PTD	t	DELETE	1.1 TITLE			Change	☐ Addition
NAME .	DITTMER, WILLIAM R			1.2 NAME				ľ
STREET ADORESS	1948 CLARENDON RD.			1.3 STREET	ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		<u> </u>	1.4 CITY-ST	r-ZIP			
TITLE	SD		DELETE	2.1 TITLE			Change	Addition
NAME	DITTMER, VIRGINIA			2.2 NAME				
STREET ADDRESS	1948 CLARENDON RD.			2.3 STREET	ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			2.4 CITY-S	T-ZIP			
TITLE			☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME				3.2 NAME	1			1
STREET ADDRESS				3.3 STREET	ADDRESS			1
CITY-ST-ZIP				3.4. CITY-S	T-ZIP			
TITLE			DELETE	4.1 TITLE		<del></del>	Change	Addition
NAME				4.2 NAME	ļ			,
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP	<b>[</b>			4.4 CITY-ST	r-ZIP			
TITLE			DELETE	5.1 TITLE			☐ Change	Addition
NAME -	<b> -</b>			5.2 NAME				
STREET ADDRESS		_		5.3 STREET	ADDRESS		<del>-</del>	- }
CITY-ST-ZIP				5.4 CITY- ST	r-ZIP			
TITLE			DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	,			6.2 NAME				
STREET ADDRESS				6.3 STREET	ADDRESS			

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.

6.4 CITY-ST-ZIP