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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

MERRY WILLIS AND ASSOCIATES, INC. Principal Place of Business Mailing Address 5602 NO 50TH ST TAMPA FL 33610 TAMPA FL 33610-4806													
									3. Date Incorpo 01/26/1979	rated or Qualified	1	te of Last A 1/1996	eport
2. Principa! 21	Place of Bus	ness		2a. Mailing Address 26				4. FEI Number 59-18842	30			oplied For of Applicable	
Suite, Ap	t.#, etc		Suit	Suite, Apt. #, etc.				5. Certificate of	P.7		\$8.75	Additional	
22 City & St.	ate			City & State				6. Election Cam	paign Financing		\$5.00		
23			28						Trust Fund C				to Fees
- Ζφ 		Country	Zip	îp .	<u></u> ⊢	ountry			This corporation has liability for intangible tax under s. 199.032, Florida Statutes □ No				. 199.032,
24	0 Name	25 e and Address of Cui	rrent Begisterer	i Agent	30	Τ.			Florida Statut	es ddress of New R			
\Ani			Hogistolot	- · · · · · · · · · · · · · · · · · · ·		81	Na	me	10			-3	
WILLIS, MERRY R 123 RIDGEDALE						82	Chr	not Addre	Idress (P.O. Box Number is Not Acceptable)		hle)		
TAMPLE TERRACE FL						02	62 Street Address (P.O. Box Number is Not Acceptable)						
						83							
						84	Cit	/			FL	85 Zip	Code
11. Pursuar office or agent 1 SIGNATURE	am tami⊩ar v	sions of Sections 607. gent, or both, in the S vith, and accept the of	bligations of, Sec	ction 607.0505, F	-lorida Sta	itutes	\$. 			statement for the ors. I hereby acce	purpose of pt the app	changing it ointment as	is registered registered
12.	Signature, Type	d or printed hame of registere	AND DIRECTOR		13.	o Age	ent sign	ature require	ADDITIONS/C	HANGES TO OFFI		DIRECTOR	IS IN 12
TITLE	PSD	OFFICERO	AND DIRECTO	DELETE	1.1 7	ITLE			7,00111011010	WHITE TO OTT	<u> </u>	Change	Addition
NAME:	WILLIS,	Merry R			1.2 N	IAME							
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C(TY+ST+Z)P		TERRACE FL			1.4 (ITY-5	ST-ZIP						
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NAME				☐ DELETE	611		*************					Change	Addition
	5			DELETE	611 621	TITLE NAME	*************	ESS				Change	Addition
NAME	5			☐ DELETE	611 621 635	TITLE NAME STREET		ESS				Change	Additio

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 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.

8/3-623-2047

FILED

May 13 1997 8:00am

Secretary of State