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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

•	1998	1 11	DIVISION OF	CORPORAT	TIONS		5001011	цу	OI S	tate
	1 (Aditio	3132	(6)	·						
BILLJO\	Y, INCORPORATED									
						j				
Principal Place	of Rusiness	Mail	ling Address							
•			_							
4556 TAMIAMI TRAIL N. NAPLES FL 34103			4556 TAMIAMI TRAIL N. NAPLES FL 33940			- 1				
us						<u> </u>	DO NOT WRIT	E IN THIS	SPACE	
						- }	 Date Incorporated or Qualified 08/17/1979 			
2. Principal Pl	ace of Business	20. 1	Mailing Address				4. FEI Number		A	Applied For
21		26	2				59-1931204			ot Applicable
Suite, Apt. i	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27					b. Certificate of Status Desired		Fee P	Required
City & State	•	⊢	City & State				6. Election Campaign Financing			May Be
23 Zip	Country	28]	Zip	Count	64		Trust Fund Contribution			to Fees
24	25	29	ΔÞ	30	'Y		 This corporation owes or has p Personal Property Tax due Jun 			ntangible
671	9. Name and Address		red Agent	1301			0. Name and Address of New R			
KEL	LY D. MACDONALD			8	1 Name					
4556 TAMIAMI TRAIL N.						Address	(P.O. Box Number is Not Accepta	ple)		
NAPLES FL 34103							(
				8	3					
				8	4 City				85 Zip	Code
			4500 50 11 50		<u></u>			FL	- `	
office or re	o the provisions of Section agistered agent, or both, in	ns 607.0502 and 607 In the State of Florida	r.1508, Florida Statu i. Such change was	authorized	ve-named c by the corpo	corpora oration	tion submits this statement for the s board of directors. I hereby acce	purpose o	or changing pointment a	its registered s registered
agent. I ar	n familiar with, and accep	t the obligations of,	Section 607.0505, F	lorida Statut	es.					1
SIGNATURE	Signature, typed or printed name of	registered agent and little if	applicable (NO	TE Registered A	gent signature n	required w	then reinstating)	DATE		
12.		ICERS AND DIRECT		13.			ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTO	RS IN 12
TITLE	PVTS		DELETE	1.1 TITLE					☐ Change	☐ Addition
NAME	MACDONALD, KELLY			1.2 NAM	E					
STREET ADDRESS	4556 TAMIAMI TRAIL	. North		•	ET ADORESS					,
CITY-ST-ZIP	NAPLES FL		DELETE	1.4 CITY					Change	Addition
TATLE	vp Kesler, William R		Decreit	2.1 TITLE 2.2 NAM	1				☐ Outunibe	L Adoliton
NAME STREET ADDRESS	4556 TAMIAMI TRAIL				ET ADDRESS		. •			
CITY-ST-ZIP	NAPLES FL	. 111		2 4 CITY						
TITLE	8		DELETE	3.1 TITLE					Change	Addition
NAME	MACDONALD, KELLY	/ D		3.2 NAMI						
STREET ADDRESS	4556 TAMIAMI TRAIL			3.3 STRE	ET ADDRESS					Ì
CITY-ST-ZIP	NAPLES FL			3.4. CITY	-ST-ZIP					
TITLE			☐ DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAM	ì					Ì
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP			DELETE	4.4 CiTY 5.1 TITLE					Change	Addition
TITLE NAME			ے مرساد	5.1 TITLE 5.2 NAME	ſ				— Sharige	RUUIIIOII
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP				5.4 CITY						
TITLE			☐ DELETE	6.1 TITLE					Change	Addition
NAME				6.2 NAME	:				-	
STREET ADDRESS				63 STREE	T ADDRESS					ł

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.

SIGNATURE:

2/2/188

(94)263-2924

CITY-ST-ZIP

FILED

Mar 03 1998 8:00am

Secretary of State