

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 674475 (9)
Corporation Name
WILLIAM'S OF MERRITT ISLAND INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business
N COURTENAY PKWY
MERRITT ISLAND FL 32953-4109

Mailing Address
2625 N COURTENAY PKWY
MERRITT ISLAND FL 32953-4109

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Incorporated or Qualified
06/24/1980
4. FEI Number
59-2008063
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

Name and Address of Current Registered Agent
WILLIAM, NI
2625 N COURTENAY PKWY
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

In accordance with the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

JRE		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1. NAME				1.1 TITLE			
2. ADDRESS				1.2 NAME			
3. CITY-STATE-ZIP				1.3 STREET ADDRESS			
4. CITY-STATE-ZIP				1.4 CITY-STATE-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5. NAME				2.1 TITLE			
6. ADDRESS				2.2 NAME			
7. CITY-STATE-ZIP				2.3 STREET ADDRESS			
8. CITY-STATE-ZIP				2.4 CITY-STATE-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
9. NAME				3.1 TITLE			
10. ADDRESS				3.2 NAME			
11. CITY-STATE-ZIP				3.3 STREET ADDRESS			
12. CITY-STATE-ZIP				3.4 CITY-STATE-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
13. NAME				4.1 TITLE			
14. ADDRESS				4.2 NAME			
15. CITY-STATE-ZIP				4.3 STREET ADDRESS			
16. CITY-STATE-ZIP				4.4 CITY-STATE-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
17. NAME				5.1 TITLE			
18. ADDRESS				5.2 NAME			
19. CITY-STATE-ZIP				5.3 STREET ADDRESS			
20. CITY-STATE-ZIP				5.4 CITY-STATE-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
21. NAME				6.1 TITLE			
22. ADDRESS				6.2 NAME			
23. CITY-STATE-ZIP				6.3 STREET ADDRESS			
24. CITY-STATE-ZIP				6.4 CITY-STATE-ZIP			

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.

CR2E034 (10/97)