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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 695559 1. Corporation Name

WILLIAM E. WHITLEY, PA

Principal Place of Business

Mailing Address

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90038 033 ***150.00



ROUTE 2. BOX HIGH SPRINGS			ROUTE 2. BOX 945 HIGH SPRINGS FL 32643				<u> </u>			
mon arminos	FE 32043	rugii di i	INGO I E DECTO				DO NOT WRITE IN THIS SPA	CE		
							3. Date Incorporated or Qualifed			
	•						07/22/1981			
2. Principal Pl	ace of Business	2a. Mailin	g Address				4. FEI Number	Apr	plied For	
21		26					59-2120973	Not	Applicable	
Suite, Apt.	#, etc.		Apt. #, etc.				- \$8	3. 75 A	dditional	
22		27		_			5. Certificate of Status Desired	Fee Red	quired	
City & State	9	$-\!\!\!\!-\!\!\!\!\!-$	State				6. Election Campaign Financing	5.00	May Be	
23	•	28						Added to	Fees	
Zip	Country	Zip		Cou	intry		8. This corporation owes the current year Intangib	le		
24	25	29		30			Personal Property Tax.			
 -,	9. Name and Address of Curre						10. Name and Address of New Registered Agen	t		
					81	Name				
WHITLEY, WILLIAM E					00 Ot a Address (D.O. B. When having Net Assentable)			_		
ROU	TE 2, BOX 945		82 Street Add			Street Addr	dress (P.O. Box Number is Not Acceptable)			
HIGH SPRINGS 32643				'	83		<u> </u>			
	·				84	City	FL 85	Zip C	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.150	8. Florida Statute	s, the al	bove-	named corpo	oration submits this statement for the purpose of chan-	ging its	registered	
office or n	ngistered agent or both in the State	of Florida, Suc	h channe was ai	ithorized	i hv tr	he corporation	on's board of directors. I hereby accept the appointmen	ıt as reç	gistered	
agent. 1 ai	m familiar with, and accept the oblig	ations of, Section	n 607.0505, Flor	jua Statt	utes.					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicat	le (NOTE:	Registered	Acent s	signature requirer	od when reinstating) DATE			
12.		ND DIRECTOR	•	13.	/ goth	orginalisto roquino	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTO	RS IN 12	
TITLE	DP	TO DITLE	DELETE	1.1 TI	TLE	-		Change	Addition	
NAME	WHITLEY, WILLIAM E		_	1.2 NA						
}						ADDRESS				
STREET ADDRESS	ROUTE 1, BOX 945					- 1	•			
CITY-ST-ZIP	HIGH SPRINGS FL		DELETE	-	TY-ST-	ZIP		Change	Addition	
TITLE	•			2.1 TF			ь.			
NAME				2.2 N						
STREET ADDRESS				2.3 ST	IREET A	ADDRESS				
- CITY-ST-ZIP		<u> </u>		_	ITY-ST-	-ZIP			C Addition	
TITLE	-		☐ DELETE	3.1 Π	TLE .		П	Change	Addition	
NAME (3.2 NA	ME	- 1	•		l	
STREET ADDRESS				3.3 ST	TREET A	ADDRESS				
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TITLE			☐ DELETE	4.1 TE	TLE			Change	Addition	
NAME;	•			4. 2 N	AME			-		
STREET ADDRESS				4.3 ST	REET A	ADDRESS				
CITY-ST-ZIP				4.4 CI	TY-ST-	ZIP	·			
TITLE			☐ DELETE	5.1 TI				Change	☐ Addition	
NAME	1.10			5.2 NA	AME		ADD 人名英格特特 经收益的 医皮	Pe (4)	t.	
STREET ADDRESS				5.3 ST	TREETA	ADORESS			}	
1					TY-ST-	,				
CITY-ST-ZIP	1		☐ DELETE	6.1 TF			П	Change	Addition	
TITLE			ے میں ا	6.2 NA			<u> </u>			
NAME				1		ADDRESS	276			
STREET ADDRESS							•			
CITY-ST-ZIP			. 175 -		TY-ST-		Continue 440 07(0)(i) Florido Clabato I facilido continue	at the !	formation	
14. I hereby of	certify that the information supplied v	vith this filing do	es not qualify for	ine exe	mptio	in stated in S	Section 119.07(3)(i), Florida Statutes. I further certify the	at the ir	normation	

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.

SIGNATURE: