

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**  
 09-10-1999 90012 025 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # F25462  
 Corporation Name THOMAS WILLS ASSOCIATES, INC.



Principal Place of Business: OFFICE BOX 424 DELAND FL 32724  
 Mailing Address: POST OFFICE BOX 424 DELAND FL 32724

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/05/1981	
4. FEI Number 59-1976333	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 the current year Intangible Personal Property.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent WILLS, THOMAS A. 2186 PENNSYLVANIA DRIVE DELAND FL FL 32724		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City	FL	85 Zip Code	

Pursuant to 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.

SIGNATURE: *Thomas A. Wills*  
 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	
ADDRESS -ZIP	P WILLS, THOMAS A 2186 PENNSYLVANIA DR. DELAND FL <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	ST WILLS, NAN 2186 PENNSYLVANIA DR. DELAND FL <input type="checkbox"/> DELETE	1.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	2.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	3.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	4.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS -ZIP	<input type="checkbox"/> DELETE	6.2 NAME	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
ADDRESS -ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: THOMAS A WILLS  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 9-4-99  
 Phone #: 904-736-8342

CR2E034 (5/99)