

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F57429 (5)

1. Corporation Name

WILLS, INC.



Principal Place of Business

Mailing Address

15570 S. W. 40TH TERRACE
OCALA FL 34473

15570 S. W. 40TH TERRACE
OCALA FL 34473

3. Date Incorporated or Qualified 12/07/1981
3a. Date of Last Report 06/09/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt #, etc	26 15710 SW. 40TH TERR.	59-2143194	Not Applicable
22 City & State	27 Suite, Apt #, etc	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 OCALA FLA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 34473	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	Yes No
25	30 U.S.		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SULLIVAN, C.A.
STE 110 10816 US HWY 19
PORT RICHEY FL 33568

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. 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

Signature type for person in charge of registered agent (and if not applicable)

(NOTE: Registered Agent signature required when re-registering)

7/18/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	
NAME	KLUGGER, DEBORAH A.	1.2 NAME	
STREET ADDRESS	15690 S.W. 40TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	
NAME	WILLS, BEVERLY M.	2.2 NAME	
STREET ADDRESS	15570 S.W. 40TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	WILLS, WILLIAM H.	3.2 NAME	
STREET ADDRESS	15570 S.W. 40TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William H. Wills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/96

352-245-9522

CR2E034 (3/96)