**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name G00598

R.E. WILSON, JR. P.A. CPA

Principal Place of Business

Mailing Address

6316 SAN JUAN AVE., SUITE 15 A

6316 SAN JUAN AVE., SUITE 15 A

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90009 045 \*\*\*150.00



JACKSONVILLE FL 32210 JACKS		JACKSONVILLE FL 32210		DO NOT WRITE IN THIS SPACE	
			•	3. Date Incorporated or Qualifed	
	***			09/20/1982	
2 Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
<del>-</del> -	Se of Business	26		59-2213467	Not Applicable
21   Suite, Apt. #,	etc 3%	Suite, Apt. #, etc.			\$8.75 Additional
		27		5. Certificate of Status Desired	Fee Required
City & State	AN F	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>一</b>		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intang	ible ,
<b>—</b>	25 6	29 30	7		Yes XNo
24	9. Name and Address of Curren		<del>'\                                    </del>	10. Name and Address of New Registered Ag	ent
	9. Name and Address of Cartes		81 Name		•
WILSO	N, R.E., JR.				<del>`</del>
6316 \$	AN JUAN AVE., SUITE 15A		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
INCKS	ONVILLE FL 32210	DESCRIPTION OF THE PROPERTY OF	83		1. 1444 - 104 West 1
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	一、"是我们们的是是我们的		84 - City *****	grand to the state of the state	85 Zip Code
l				<u></u>	<del></del>
11. Pursuant to	the provisions of Sections 607.050	2 and 607 1508, Florida Statutes,	the above-named cor	rporation submits this statement for the purpose of chation's board of directors. I hereby accept the appointm	anging its registered
office or reg	ristered agent, or both, in the State familiar with, and accept the obligation	of Florida. Such change was auti- tions of, Section 607,0505, Florida	a Statutes.	stores board of directors, I flereby accept the appoint	om do regional
	Tallina Will, Gild aboopt the Spinger				
SIGNATURE _	gnature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	egistered Agent signature requi	ired when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
	PD	☐ DELETE	1.1 TITLE		Change
1 -	WILSON, REJR	•	1.2 NAME	•	
NAME \	3316 SAN JUAN AVE. #15A		1.3 STREET ADDRESS		
	JACKSONVILLE FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE	, 3	☐ DELETE	1	•	
NAME	• •		2.2 NAME		
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CITY-ST-ZIP			2.4 CTTY-ST-ZIP		
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NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
1 - 17			3.4. CITY+ST-ZIP		<u> </u>
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NAME	<b>*</b>		5.2 NAME	•	
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CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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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, with all other like empowered.