**FILED** 

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90064 013 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # G43752**

WILLEN	POINT PROPERTIES, INC.	-							
Principal Place of Business Mailing Address				s					#++ #1811 16#1
3687 MACKEY (	COVE DR.	368	B7 MACKEY C	OVE DR.					
PENSACOLA FL	32514	PE	nsacola fl	32514			DO MOT WOITE IN T	110 <b>00</b> 4 05	
							DO NOT WRITE IN TI	HIS SPACE	<del></del>
							3. Date Incorporated or Qualifed 06/10/1983		
2. Principal P	lace of Business	2a.	. Mailing Add	tress			4. FEI Number. —	<u> </u>	plied For
21		26					59-2376274	<del></del>	t Applicable
Suite, Apt.	#, etc.	Ь	Suite, Apt.	#, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Re	
22		[27]	City 9 Ct-te					<del></del>	<del></del>
City & Stat	e	$\vdash$	City & State	5			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	• ,
Zip	Country	28	Zip		Country		<del></del>		0 1 663
	· ·		Zip	3	_ ´		<ol><li>This corporation owes the current year Personal Property Tax.</li></ol>		□No
24	9. Name and Address of Currer	29	stered Agent	<del></del>	<u> </u>		10. Name and Address of New Register		
	o. Hallo and Addition of Collect	it itogic	otor currigon.	<u> </u>	81	Name			
DAVI	IS, BEN L				_				
3687 MACKEY COVE DR.				82	Street A	Address (P.O. Box Number is Not Acceptable)			
PEN:	SACOLA FL 32514				83	<del>                                     </del>		<u> </u>	
					<u> </u>				
					84	City	F	<b>EL</b>  85   Zip €	Code
11. Pursuant	to the provisions of Sections 607.05	12 and 6	507.1508. Flo	rida Statutes	the above	e-named o	corporation submits this statement for the purpose	of changing its	registered
office or r	registered agent, or both, in the State	∂f√Eloñi	da. Such cha	nge was aut	horized by	the corpo	pration's board of directors. I hereby accept the ar	pointment as rec	gistered
agent. i a			Castina COT	OFOR Floris	la Ctatutas		· · · · · · · · · · · · · · · · · · ·		J10104
	am familier with, and accept the obliga	tions of	F. Section 607	7.0500 Florid	la Statutes	i.			,-,0,0,-
SIGNATURE	Im familiar with, and accept the obligation familiar with a screen f	tions of	Fection 607	.050B Florid	ia Statutes	i.	equired when reinstating) $2 - / / - 9$		
	7 900 8	nt and title	f Section 60.7	.050B Florid	ia Statutes	i.	2-11-9	9	
SIGNATURE	Signature, typed or printed name of registered age	nt and title	if applicable.	.050B Florid	la Statutes	i.	aquired when reinstating) DATE	9	
SIGNATURE	Signature, typed or punited name of registered age OFFICERS AN	nt and title	if applicable.	(NOTE: R	egistered Ager	i.	aquired when reinstating) DATE	9 AND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered age OFFICERS AN	nt and title	if applicable.	(NOTE: R	egistered Ager 13. 1.1 TITLE 1.2 NAME	i.	aquired when reinstating) DATE	9 AND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ago OFFICERS AN D MICARI, MYRTLE L.	nt and title	if applicable.	(NOTE: R	egistered Ager 13. 1.1 TITLE 1.2 NAME	nt signature re	aquired when reinstating) DATE	9 AND DIRECTO	RS IN 12
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

2852 PINE FOREST ROAD

PENSACOLA FL

ON TURE AND TYPED OR REINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99

850-476-6815

CR2E034 (11/98