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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27 1998 8:00am Secretary of State

	MENT # H0726 & WILLIS SAW & EQUIPME				817 8484 8184 8184 8184 8184 8184
Principal Place of Business Mailing Address				- I NUMBER BITE DOUGH LADOR TIBUR BEILE BA	DES BIBLIS BEBLI MENTE BENGE BIBLIS SONT
2415 HWY 231 2610 E 37TH ST PANAMA CITY FL 32405 PANAMA CITY FL 32405 US US				DO NOT WRITE IN	THIS SPACE
ţ				3. Date Incorporated or Qualified	
2. Principal Place of Business 2a. Mailing Address				06/08/1984 4. FEI Number	Applied For
21	and or phanicas	26 2415 Hwu	231	59-2421461	Not Applicable
Suite, Apt	W. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	CQ 75 Addistance
22		27	······································	6. Certificate of Status Desired	Fee Required
City & Stat	e	City & State	City FC	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	Zip Zip	Country	This corporation owes or has paid the state of the s	
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current			10. Name and Address of New Regist	ered Agent
WILLIS, SAMMY R			81 Name		
2610 EAST 37TH STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
PANAMA CITY FL 32405			63		
•			84 City		85 Zip Code
					FL
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.					se of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	I and title if applicable (NOTE:	Registered Agent signature requir	red when reinstating) D	ATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	WILLIS, SAMMY R.		1.2 NAME		
STREET ADDRESS	2811 ALTHA AVE PANAMA CITY FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	PANAMA CITT PL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		<b>—</b> •••• ••
STREET ADDRESS			2.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		LJ petric	4. 2 NAME		C Cuttinge C Nation
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T AFLETE	5.4 CITY-ST-ZIP		Change 4 ddistant
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME execut abovese			6.2 NAME		ĺ
STREET ADORESS			6.3 STREET ADDRESS		ļ
CITY-ST-ZIP			6.4 City-St-ZiP	Continue 440 07/09/3 Elected Charles 14 ath	

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 informatio 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 a attachment with an address.

GNATURE: