


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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J05849 (1) 1. Corporation Name ABC PROMOTIONS UNLIMITED, INC.					
Principal Place of Business 1495 ARABIAN DR. LOXAHATCHEE FL 33470		Mailing Address 1495 ARABIAN DR. LOXAHATCHEE FL 33470			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/25/1986 4. FEI Number 59-2657626 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent RORABECK, MARK E. 1495 ARABIAN DR. LOXAHATCHEE FL 33470			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		
11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP PDS RORABECK, MARK E. 1495 ARABIAN DRIVE LOXAHATCHEE FL <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		



DO NOT WRITE IN THIS SPACE

SIGNATURE:


Mark E. Rorabeck
REGISTERED

1/7/98

(54) 793-8773

CR2E034 (10/97)

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DOCUMENT # P95000020153 (9)

1. Corporation Name
T. WILLIAMSON ASSOCIATES, INC.



Principal Place of Business
**3400 MT. BONNELL ROAD
AUSTIN TX 78731-5850
JJS**

Mailing Address
**PO BOX 684765
AUSTIN TX 78768-4765
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **316 WEST 12TH STREET**
Suite, Apt. #, etc.
22 **SUITE 212**
City & State
23 **AUSTIN, TEXAS**
Zip
24 **78701-1840** Country
25 **U.S.A.**

2a. Mailing Address
26 Suite, Apt. #, etc.
27
City & State
28
Zip
29 Country
30

3. Date Incorporated or Qualified
03/10/1995

4. FEI Number
59-3304026 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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**WILLIAMSON, TOMAS A
324 PARK AVE NORTH
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name **CT CORPORATION SYSTEM**
82 Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
83
84 City **PLANTATION** FL 85 Zip Code
33324

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 **CT CORPORATION SYSTEM (See attached)** **1-5-97**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, THOMAS A	
STREET ADDRESS	324 PARK AVENUE NORTH	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DEVT	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, KATHRYN W	
STREET ADDRESS	3400 MT. BONNELL ROAD	
CITY-ST-ZIP	AUSTIN TX 78731-5850	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, THOMAS J	
STREET ADDRESS	3400 MT. BONNELL ROAD	
CITY-ST-ZIP	AUSTIN TX 78731-5850	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAMSON, THOMAS A.	
1.3 STREET ADDRESS	316 WEST 12TH STREET, SUITE 212	
1.4 CITY-ST-ZIP	AUSTIN, TX 78701-1840	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

Thomas A. Williamson

1-5-97 512-708-9370

CR2E034 (10/97)