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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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



DOCUMENT # J81500

(7)

1. Corporation Name

WILLIAM C. ERICKSON, INC.

Principal Place of Business Mailing Address

2663 AIRPORT RD S.
D 106
NAPLES FL 33962
US

2663 AIRPORT RD S.
D 106
NAPLES FL 33962
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/30/1987 3a. Date of Last Report 05/01/1994

4. FEI Number 59-2807592 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 500 FIFTH AVE SO. 26 500 FIFTH AVE SO

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 524 27 524

City & State City & State

23 NAPLES FL 28 NAPLES FL

Zip Zip Country Country

24 33940 25 USA 29 33940 30 USA

9. Name and Address of Current Registered Agent

ERICKSON, WILLIAM C.
2663 AIRPORT RD S.
D106
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
500 FIFTH AV SO

83 524

84 City NAPLES FL 85 Zip Code 33940

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 typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when terminating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☒ Change ☐ Addition
NAME	ERICKSON, WILLIAM C.	1.2 NAME	
STREET ADDRESS	2663 AIRPORT RD S., #D106	1.3 STREET ADDRESS	500 FIFTH AV SO #524
CITY, ST, ZIP	NAPLES FL	1.4 CITY, ST, ZIP	NAPLES FL 33940
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information contained on this document is true and accurate and agrees the penalty for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on any attachments with an address.

SIGNATURE: William C. Erickson WILLIAM C. ERICKSON 1-16-95 813-263-2810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR