

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J81500

(7)

1. Corporation Name

WILLIAM C. ERICKSON, INC.



Principal Place of Business

500 FIFTH AVE SO.
524
NAPLES FL 33940
US

Mailing Address

500 FIFTH AVE SO
524
NAPLES FL 33940
US

3. Date Incorporated or Qualified
06/30/1987

3a. Date of Last Report
04/27/1995

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

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

ERICKSON, WILLIAM C.
500 FIFTH AV SO
524
NAPLES FL 33940

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 607.1508, 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 of Registered Agent (if not the same as the corporation's registered agent)

Signature of Registered Agent (if not the same as the corporation's registered agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME ERICKSON, WILLIAM C.
STREET ADDRESS 500 FIFTH AV SO # 524
CITY-ST-ZIP NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
PRESIDENT
RAYMOND F. ERICKSON
PO Box 10024 500 STNAVE S SARB
NAPLES FL 33941

☐ Change ☒ Addition
SECRETARY TREASURER
BOBBIE L ERICKSON
136 PERBIE BAYEN CIR
NAPLES FL 33962

☐ Change ☒ Addition
DIRECTOR
WILLIAM C ERICKSON
136 PERBIE BAYEN CIR
NAPLES FL 33962

☐ Change ☐ Addition

☐ Change ☐ Addition
900001828725
-05/20/96--01033--015
***200.00

☐ Change ☐ Addition
26
5.1

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND F ERICKSON

4/19/96

941-774-4434