

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90203 037 \*\*\*150.00

DOCUMENT # J81500

1. Corporation Name

WILLIAM C. ERICKSON, INC.

Principal Place of Business

500 FIFTH AVE SO.  
524  
NAPLES FL 34102  
US

Mailing Address

500 FIFTH AVE SO  
524  
NAPLES FL 34102  
US

2. Principal Place of Business

21 1250 Tamiami Tr N  
Suite, Apt. #, etc.

22 302

City & State

23 NAPLES

Zip

24 34102

Country

25 US

2a. Mailing Address

26 1250 Tamiami Tr N  
Suite, Apt. #, etc.

27 302

City & State

28 NAPLES

Zip

29 34102

Country

30 US

9. Name and Address of Current Registered Agent

ERICKSON, WILLIAM C.

500 FIFTH AVE SO

524

NAPLES FL 34102

ADDRESS Change

3. Date Incorporated or Qualified

06/30/1987

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 owes the current year Intangible  
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1250 Tamiami Trail N # 302

83

84 City NAPLES

FL

85 Zip Code 34102

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ERICKSON, RAYMOND F.

STREET ADDRESS PO BOX 10024/500 5TH AVE. S., SUITE 524

CITY-ST-ZIP NAPLES FL

TITLE S/T ☐ DELETE

NAME ERICKSON, BOBBYE L.

STREET ADDRESS 136 PEBBLE BEACH CIR.

CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE

NAME ERICKSON, WILLIAM C.

STREET ADDRESS 136 PEBBLE BEACH CIR.

CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1250 Tamiami Trail N # 302

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)