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

Mailing Address

7820 PINE HILL DRIVE

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K42942 1. Corporation Name

Principal Place of Business

7820 PINE HILL DRIVE

LLOYD WILLIAMS INVESTMENT, INC.

TEMPLE TERRACE FL 33617-8126			TEMPLE TERRACE FL 33617-8126		DO NOT WRITE IN THIS SPACE	
US		US	05		3. Date Incorporated or Qualifed	
	•				11/02/1988	•
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
L-,					59-2973109	Not Applicable
21 Suite, Apt.	# oto		Suite, Apt. #, etc.			\$8.75 Additional
	#, <del>6</del> 10.	27	¬ ' '		5. Certifcate of Status Desired	Fee Required
City & Stat		City & State			6. Election Campaign Financing	\$5.00 May Be
<b>└</b>		28	m		Trust Fund Contribution	Added to Fees
			Country		8. This corporation owes the current year	
<u> </u>	25		30		Personal Property Tax.	Ma_Yes □No
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registe	red Agent
	(1 1 1 1 1 1 1 1		81	Name		
WILL	LIAMS, LLOYD G				(0.0.5.)	·
7820 PINE HILL DRIVE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
	PLE TERRACE FL 33617-8126		83			1.5000000000000000000000000000000000000
			. []			
	•		84	City	50	Zip Code
44 5	A- th delens of Sections 607.05	02 and 607 1509 Florida Statute	e the above	-named corn	poration submits this statement for the purpos	e of changing its registered
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		6OT	Desistand Acces	i alamatura raguira	ed when reinstating)	· · · · · · · · · · · · · · · · · · ·
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	t aignature require	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE		77.27.27.27.	☐ Change ☐ Addition
NAME	WILLIAMS, LLOYD	_	1.2 NAME		1 (A) - 2 - 6.5 -	
· ·			1.3 STREET	ADDRESS		
STREET ADDRESS	TAMPA FL		1.4 CITY-ST	l l		. ,
TITLE	FAMEA FL	☐ DELETE	2.1 TITLE	-21		☐ Change ☐ Addition
i			2.2 NAME			
NAME			2.3 STREET	ADDRESS		į
STREET ADDRESS			I		·	;
CITY-ST-ZIP		DELETÉ	2. 4 CITY-S 3.1 TITLE	T-ZIP		Change Addition
TITLE VIEW	AVS. ALOVA TO	_				
NAME: O 700		d .	3.2 NAME			
STREET ADDRESS	NUT REPRESENTED TO THE 28ST		3.3 STREET			A 1000年1月1日日本
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE			(a): 1 Distaile : 4 Elizabilet
NAME	See Section 1		4. 2 NAME			
STREET ADDRESS	En the Control	Park to the second of the	4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST	r-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE	. 1	,	☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP			5.4 CITY-ST	r-ZIP		1 3
TITLE	reactived.	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME	DU AEST AFT A		6.2 NAME			1
	1		_	1		

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, wi

STREET ADDRESS

CITY-ST-ZIP

MR. LLOYD WILLIAMS 7820 Pine Hill Dr. Tampa, FL 33617-8126

**FILED** 

Feb 04, 1999 8:00am

**Secretary of State** 

02-04-1999 90009 019 \*\*\*150.00