

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L37558** (8)

1. Corporation Name

**BILL PRIOR & ASSOCIATES, INC.**

Principal Place of Business

**11009 HEARTH RD  
SPRINGHILL FL 34608  
US**

Mailing Address

**11009 HEARTH RD  
SPRINGHILL FL 34608  
US**



3. Date Incorporated or Qualified  
**12/18/1989**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number

**59-2982631**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRIOR, WILLIAM W JR.  
11009 HEARTH ROAD  
SPRING HILL FL 34608**

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 typed or printed name of registered agent last full name

In the Registered Agent signature space, sign your name

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PRIOR, WILLIAM W., SR.</b>	
STREET ADDRESS	<b>8118 EASTERN CIR DR</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PRIOR, MARY F.</b>	
STREET ADDRESS	<b>8118 EASTERN CIR DR</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PRIOR, WILLIAM W JR</b>	
STREET ADDRESS	<b>4577 ESSEX LANE</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PRIOR, COTHA H</b>	
STREET ADDRESS	<b>4577 ESSEX LANE</b>	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	<b>3227 CONVERSE AVE</b>
12. CITY-ST-ZIP	<b>SPRING HILL, FLORIDA, 34608</b>
13. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	<b>3227 CONVERSE AVE</b>
16. CITY-ST-ZIP	<b>SPRING HILL, FLORIDA, 34608</b>
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*William W. Prior Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-1-96** (352)688-6908

Date

Daytime Phone #

CR2E034 (12/95)