## 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** 

## DOCUMENT # L77146

1. Corporation Name

CITY-ST-ZIP

WILLIS INVESTMENTS, INC.

Principal Pla GREENSBORG GREENSBORG		Mailing Address P.O. BOX 97 GREENSBORO FL 3;	2330		
				DO NOT WRITE IN TH  3. Date Incorporated or Qualifed	IS SPACE
				05/30/1990	,
<b>⊢</b>	Place of Business	2a. Mailing Address	3	4. FEI Number	Applied For
Suite, Apt	t # etc	26   Suite, Apt. #, et		59-3022250	Not Applicable
22 27		— — · · · ·	u,	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
		City & State	<del></del>	6. Election Campaign Financing	<del></del>
23 28		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
<u> </u>	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registere	d Agent
l wii	LIS, W. E. SR.		81 Name		
	rner of gadsden ave & eig	SHTH STREET	82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)	
GREENSBORO FL 32330				, ,	
			83		
			84 City		85 Zip Code
11, Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida 9	Statutes the above named o	corporation submits this statement for the purpose of	<u></u>
l Gilice Oi i	registered agent, or both, in the Stat	ie di Fiorida. Such change i	was authorized by the cornor	ration's board of directors. I hereby accept the appointment for the purpose of	or changing its registered pintment as registered
ayent, ra	an ramilal win, and accept the oblic	gations of, Section 607.050	5, Florida Statutes.	2/2/	00
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered Agent signature rec	quired when reinstating) /DATE	77
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	☐ DELE	TE 1.1 TITLE		☐ Change ☐ Addition
NAME			1.2 NAME		. –
STREET ADDRESS CORNER OF GADSDEN AVE. & 8TH AVE.			1.3 STREET ADDRESS		
CITY-ST-ZIP	GREENSBORO FL 32330		1.4 CITY-ST-ZIP		
TfTLE		☐ DEFE	TE 2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		,
STREET ADDRESS			2.3 STREET ADORESS		-
CITY-ST-ZIP			2.4 CITY-ST-ZIP		1
TITLE		☐ DELET	TE 3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	·	
TITLE		☐ DELET	E 4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		□ a	4.4 CITY-ST-ZIP		
TITLE	`,	☐ DELET			☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE					ŧ
11124			5.4 CITY-ST-ZIP		
NAME		☐ DELET	E 6.1 TITLE		Change Addition
NAME STREET ADDRESS		☐ DELET			☐ Change ☐ Addition

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 changes, of on an attachment with an address, with all other like empowered. SIGNATURE: 2

**FILED** 

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90080 003 \*\*\*150.00