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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

SIGNATURE://

M87543

(8)

1. Corporation Name
BILL WILLIAMS AGENCY, INC.

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Principal Place of Busines	S	Mailing Address								
6101 9TH STREET NORTH ST. PETERSUBURG FL 33703			6101 9TH STREET NORTH ST. PETERSBURG FL 33703							
ST. PETERSUBURG FL 3	N/03	US US	1 . 55705			Data Islandia	or Ouglitud	Se Data	of Last Re	cont
						<ol> <li>Date Incorporated 06/20/1988</li> </ol>	or Qualified		1/19/199	
2. Principal Place of Busi	ness	2a. Mailing Address				4. FEI Number			<b>├</b> ─- <b>├</b>	pplied For
21		26			··	59-291197	1			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	<b>.</b> .			5. Certificate of Statu	us Desired	<b>X</b> i		Additional tequired
City P State		City & State				6. Election Campaign	n Financing			May Be
City & State		28				Trust Fund Contrit			•	to Fees
Zip	Country	Zip		Country		8. This corporation h			x under s	199.032,
24	25	29	[30]			Florida Statutes	Yes		Agant	
g, Nam	e and Address of Curre	ent Registered Agent		81	Name	10. Name and Addre	ess of New H	egistereo	Agent	
1481 14440 BULV	FUORNE OD									
WILLIAMS, BILLY EUGENE, SR. 102 9TH ST. EAST					Street Addr	dress (P.O. Box Number is Not Acceptable)				
TIERRA VERDE F				83						
HEHRA TERDET	F 991 (A								85 Zıçı	Code
				84	City			FL	•   ]	
11. Pursuant to the prov	isions of Sections 607.050	02 and 607.1508, Florida St	tatutes, the a	above-n	amed corpor	ration submits this statem	ent for the pur	pose of ch	anging its re	agistered office
or registered agent, (	or both, in the State of Flo	oziand 607,1506, Florida St orlda. Such change was auth oction 607,0505, Florida Stat	norized by tr	ne corpo	oration's tioa	rd of directors, i hereby a	ссері іле арр	OBTITION LAS	registered	agent. Fam
	opt the congruence of a									
OLONIATE IDE										
SIGNATURE	ed or printed name of registered age	ent and title if <b>a</b> pplicable	(NOTE: Regist	tered Agent	t signature require	id when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE		50.01.10
SIGNATURE Signature, lyp		ND DIRECTORS	1	3.	t signature require	id when reinstating) ADDITIONS/CHAP	NGES TO OFF	ICERS AND		
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Signature, typ  12.  TIFLE P  NAME WILLIA	OFFICERS A	ND DIRECTORS	1 1.	. 1 TITLE .2 NAME			NGES TO OFF	ICERS AND		
12.  TITLE P  NAME WILLIA  STREET ADDRESS 102 9	OFFICERS A AMS, BILLY E., SR. TH STREET E.	ND DIRECTORS	1 1 1 1 1	. 1 TITLE .2 NAME .3 STREET	ADDRESS		NGES TO OFF	ICERS AND		
Signature, lyp   12.	OFFICERS A	ND DIRECTORS	1 1 1 1	13. 1 TITLE 12 NAME 1.3 STREET 1.4 CITY-S	ADDRESS		NGES TO OFF	ICERS AND		
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