

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
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90016 014 ***550.00

DOCUMENT # **M87543**

1. Corporation Name

BILL WILLIAMS AGENCY, INC.



Principal Place of Business

**6101 9TH STREET NORTH
ST. PETERSBURG FL 33703
US**

Mailing Address

**6101 9TH STREET NORTH
ST. PETERSBURG FL 33703
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1988

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

4. FEI Number

59-2911971

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

9. Name and Address of Current Registered Agent

**WILLIAMS, BILLY EUGENE, SR.
102 9TH ST. EAST
TIERRA VERDE FL 33715**

10. Name and Address of New Registered Agent

81 Name **Laurel L. Grammig**

82 Street Address (P.O. Box Number is Not Acceptable)
401 E. Jackson St., Ste. 1700

83

84 City **Tampa**

FL **85** Zip **3802**

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 *Laurel L. Grammig*

(NOTE: Registered Agent signature required when reinstating)

DATE **5/11/99**

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **WILLIAMS, BILLY E., SR.**
STREET ADDRESS **102 9TH STREET E.**
CITY-ST-ZIP **TIERRA VERDE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

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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 **C** ☐ Change ☒ Addition
1.2 NAME **Hyatt Brown**
1.3 STREET ADDRESS **220 S. Ridgewood Avenue**
1.4 CITY-ST-ZIP **Daytona Beach, FL 32114**

2.1 TITLE **P** ☐ Change ☒ Addition
2.2 NAME **B. Glen Epley**
2.3 STREET ADDRESS **100 2nd Avenue, Suite 601**
2.4 CITY-ST-ZIP **St. Petersburg, FL 33701**

3.1 TITLE **V** ☐ Change ☒ Addition
3.2 NAME **James L. Olivier**
3.3 STREET ADDRESS **401 E. Jackson St., Suite 1700**
3.4 CITY-ST-ZIP **Tampa, FL 33602**

4.1 TITLE **S** ☐ Change ☒ Addition
4.2 NAME **Laurel Grammig**
4.3 STREET ADDRESS **401 E. Jackson St., Suite 1700**
4.4 CITY-ST-ZIP **Tampa, FL 33602**

5.1 TITLE **T** ☐ Change ☒ Addition
5.2 NAME **Jim Henderson**
5.3 STREET ADDRESS **220 S. Ridgewood Avenue**
5.4 CITY-ST-ZIP **Daytona Beach, FL 32114**

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

James Olivier **James Olivier, Vice President**

5/11/99

Date

Daytime Phone #

CR2E034 (11/98)