


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

FILED

May 19 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P93000015538 (0)</b>					
1. Corporation Name <b>T. WILLEY, INC.</b>					
Principal Place of Business <b>1900 TAMAMI TRAIL UNIT 139 PORT CHARLOTTE FL 33948 US</b>			Mailing Address <b>1900 TAMAMI TRAIL UNIT 139 PORT CHARLOTTE FL 33948 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/22/1993</b>	
21		26		4. FEI Number <b>59-3170985</b>	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	25	Country	29	Zip
24		25		29	
9. Name and Address of Current Registered Agent <b>WILLEY, THOMAS G 1900 TAMAMI TRAIL UNIT 139 PORT CHARLOTTE FL 33948</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			<b>FL</b>		
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 and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILLEY, THOMAS G</b>		1.2 NAME		
STREET ADDRESS	<b>1900 TAMAMI TRAIL UNIT 139</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>		1.4 CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILLEY, STEPHANIE</b>		2.2 NAME		
STREET ADDRESS	<b>1900 TAMAMI TRAIL UNIT 139</b>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>		2.4 CITY-ST-ZIP		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILLEY, SCOTT</b>		3.2 NAME		
STREET ADDRESS	<b>1900 TAMAMI TRAIL UNIT 139</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>		3.4 CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HEDRICH, DONALD</b>		4.2 NAME		
STREET ADDRESS	<b>1900 TAMAMI TRAIL UNIT 139</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>PORT CHARLOTTE FL</b>		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE:

*Thomas Willey* THOMAS WILLEY 5/1/98

CP2E034 (1097)