

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

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90036 015 \*\*\*158.75

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000058679**

1. Corporation Name  
**MARY ANNE WILLIAMS, P.A.**



Principal Place of Business  
**3712 CARROLLBROOK ROAD  
 TAMPA FL 33618**

Mailing Address  
**3712 CARROLLBROOK ROAD  
 TAMPA FL 33618**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified  
**08/16/1993**

2. Principal Place of Business  
**21 3053 BRAELOCH CIR EAST**

2a. Mailing Address  
**27 3053 BRAELOCH CIR EAST**

4. FEI Number  
**59-3198264**

22 Suite, Apt. #, etc.  
**23 CLEARWATER, FL**

27 Suite, Apt. #, etc.  
**28 CLEARWATER, FL**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

24 Zip **33761** 25 Country **USA**

29 Zip **33761** 30 Country **USA**

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, MARY A  
 3712 CARROLLBROOK ROAD  
 TAMPA FL 33618**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**3053 BRAELOCH CIRCLE EAST**  
 83  
 84 City **CLEARWATER FL** 85 Zip Code **33761**

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 *Mary Anne Williams* DATE **1-15-99**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **WILLIAMS, MARY A**  
 STREET ADDRESS **3712 CARROLLBROOK ROAD**  
 CITY-ST-ZIP **TAMPA FL 33618**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS **3053 BRAELOCH CIRCLE EAST**  
 1.4 CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Mary Anne Williams* DATE **1-15-99** **88-963-1171**  
(NOTE: Signature and typed or printed name of signing officer or director required)

CR2E034 (11/98)