## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

2. Principal Place of Business

SIGNATURE!

Suite, Apt. #, etc.

21

P93000069366 (1)

2a. Maling Address

Suite, Apt. #, etc.

1. Corporation Name

WILLIS AND COMPANY, INC. Muiting Address Principal Place of Business 330 JULIA ST 330 JULIA ST KEY WEST FL 33040 KEY WEST FL 33040

26

27



3. Date Incorporated or Qualified

65-0440016

EPESA WILLIS, PRES. 5/31/96 305-296-6439

5. Certificate of Status Desired

09/30/1993

4. FEI Number

3a. Date of Last Report

08/10/1995

Applied For

\$8.75 Additional

Fee Required

Not Applicable

| City & State  |   |   | City & State                               |                 |   |   | 6. Election Campaign Financing \$5.00 May Be   |                   |              |                      |                   |  |
|---|---|---|--|-----------------|---|---|--|-------------------|--------------|----------------------|-------------------|--|
| 3   |   | 28                                      | 28   |                 |   |   | Trust Fund C   |                   |              | Added to Fees        |                   |  |
| Zip   | Country   | Zip                                     | kare-a                                     |                 |   |   | B. This corporation has liability for intangible tax under s 199.032,     Fiorida Statutes |                   |              |                      |                   |  |
| 4 25  |   | 29                                      |  | 30              |   | Fiorida Statutes Yes No  10. Name and Address of New Registered Agent |  |                   |              |                      |                   |  |
|   | 9. Name and Address of Current  | Registere                               | d Agent                                    |                 | 81  | Name  |  |                   |              |                      |                   |  |
|   |   |   |  |                 | ٠.  |   |  |                   |              |                      |                   |  |
| CATABIONO, ANTINOTTI  |   |   |  |                 | 82 Street Address (P.O. Box Number is Not Acceptable) |   |  |                   |              |                      |                   |  |
|   | Tehead St   |   |  | ŀ               | B3  |   |  |                   |              |                      |                   |  |
| KEY WE  | ST FL 33040   |   |  |                 |   |   |  |                   |              | 12-1 -               | 7 - 0 - 40        |  |
|   |   |   |  |                 | 84  | City  |  |                   | FI           | L  85   <sup>2</sup> | Zip Code          |  |
|   | the provisions of Sections 607,0502   |   | 100 Florido Stotuto                        | no tho abo      |   | amed cornors  | ation submits this s   | latement for the  | ourooso of c | hagging its          | registered office |  |
| <ol> <li>Pursuant to to<br/>or registered<br/>familiar with,</li> </ol> | the provisions of Sections 607,0502<br>agent, or both, in the State of Floric<br>and accept the obligations of, Secti | and 607.13<br>da Such cha<br>on 607.050 | ange was authorize<br>5, Florida Statutes. | ed by the c     | corp  | oration's boar  | d of directors. I her  | eby accept the a  | ppointment a | as registere         | ad agent Tarii    |  |
| SIGNATURE   | justure, typed or ported same of registers (agent   | and the day pion                        | atters (Bos)                               | The Heapsters I | A,j.,e  | Lighal Jid registed   | d where remating   |                   | DATE         | 5 O.3                | :000 M) 10        |  |
| 12.   | OFFICERS AND  | D DIRECTO                               | RS   | 13.             |   |   | ADDITIONS  | CHANGES TO C      | OFFICERS AF  | Officiang            | ORS IN 12         |  |
| TITLE   | PSTD  |   | DELETE                                     | 111             | HLF   |   |  |                   |              | CT Curana            | L magness         |  |
| NAME  | WILLIS, TERESA  |   |  | 1 2 N           |   |   |  |                   |              |                      |                   |  |
| STREET ADDRESS  | 330 JULIA ST  |   |  | 135             | TREET   | # DDRESS  |  |                   |              |                      |                   |  |
| CITY-ST-ZIP   | KEY WEST FL 33040   |   |  |                 |   | T 21P   |  |                   |              | Chang                | e                 |  |
| TITLE   |   |   | DELETE                                     | 2 1 1           |   |   |  |                   |              | ☐ 0.m9               | , [               |  |
| NAME  |   |   |  | 22 N            |   |   |  |                   |              |                      |                   |  |
| STREET ADDRESS  |   |   |  | 238             | TREE  | -DORESS   |  |                   |              |                      |                   |  |
| CITY - ST - ZIP   |   |   |  |                 |   | S1 - ZIP  |  |                   |              | Chang                | e [] Addition     |  |
| TITLE   |   |   | DELETE                                     |                 | TITLE   |   |  |                   |              |                      |                   |  |
| NAME  |   |   |  |                 | IAME  | 1   |  |                   |              |                      |                   |  |
| STREET ADDRESS  |   |   |  |                 |   | I ADDRESS   |  |                   |              |                      |                   |  |
| CITY - ST - ZIP   |   |   | E) BUET                                    |                 |   | 3 -ZIP  |  |                   |              | [ ] Chang            | ge 🔲 Addition     |  |
| TIFLE   |   |   | ☐ DELETE                                   | 4               | THFLE   | 1   |  |                   |              |                      |                   |  |
| NAME  |   |   |  |                 | NAME<br>Groce   | 1   |  |                   |              |                      |                   |  |
| STHEET ADDRESS  |   |   |  |                 |   | T ADDRESS   |  |                   |              |                      |                   |  |
| CITY-ST-ZIP   |   |   | DELETE                                     |                 | THLE  | SI-ZIP  |  |                   |              | ☐ Chan               | ge 🔲 Addition     |  |
| THILE   |   |   |  |                 | NAME  |   |  |                   |              |                      |                   |  |
| NAME  |   |   |  |                 |   | 11 ADDRESS  |  |                   |              |                      |                   |  |
| STREET ADDRESS  |   |   |  |                 |   |   |  |                   |              |                      |                   |  |
| CITY - ST - ZIP   |   |   | DELETE                                     |                 | TITLE   | - <u>\$1 - ZIF</u>  |  |                   |              | Chan                 | ge 🔲 Addition     |  |
| TITLE.  |   |   | C) Access                                  | l l             | NAMI  |   |  |                   |              |                      |                   |  |
| NAME  |   |   |  | 1               |   | E' ADDRESS  |  |                   |              |                      |                   |  |
| STREET ADDRESS  |   |   |  |                 |   | 47.70   |  |                   |              |                      |                   |  |
| CITY-ST-ZiP   | y certify that the information supplied<br>the information indicated on the an  |   |  |                 |   |   | for the evenintion   | stated in Section | 119 07(3)(k) | . Florida St         | atutes. I further |  |