

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

DOCUMENT # **P93000079248**

1. Corporation Name
PROVINCE ONE, INC.

Principal Place of Business
**605 BOARDWALK DR
STE 336
PONTE VEDRA BEACH FL 32082
US**

Mailing Address
**PO BOX 2411
SUITE 201-8
PONTE VEDRA BEACH FL 32004-411
US**

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90082 023 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1993

4. FEI Number

59-3211476

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

2. Principal Place of Business

2a. Mailing Address

21 **340 Old Highway 98**

26 **P.O. Box 33**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Ste. 14**

27

City & State

City & State

23 **Destin, FL**

28 **Destin, FL**

Zip

Zip

Country

Country

24 **32541**

25 **U.S.A.**

29 **32540**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, PHILLIP D
605 BOARDWALK DR
STE 336
PONTE VEDRA BEACH FL 32082**

81 Name **Williams, Phillip D.**

82 Street Address (P.O. Box Number is Not Acceptable)
340 Old Highway 98, Ste. 14

83

84 City **Destin**

FL

85 Zip Code

32541

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

(Phillip D. Williams, President)

2/28/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTS** ☐ DELETE
NAME **WILLIAMS, PHILLIP D**
STREET ADDRESS **605 BOARDWALK DR STE 336**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Williams, Phillip D.**
1.3 STREET ADDRESS **340 Old Hwy. 98 Ste. 14**
1.4 CITY-ST-ZIP **Destin, FL 32541**

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

(Phillip D. Williams)

2/28/99 (850) 650-0668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)