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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000027621 (9)

L.G. WILLS, INC.

Principal Plac	ce of Business	Mailing Address								
· ·	-	ALIE .								
526 W HOWAI ORANGE CITY		526 W HOWARD AVE ORANGE CITY FL 32763-5	5142							
						3. Date Incorporated or Qualified 04/11/1994	3a. Date 05/01			
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	1 0010		Applied For	
21		26				<b>59-3238264</b> Not Applicable				
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Sta	te	City & State	City & State			6. Election Campaign Financing		\$5.0	0 May Be	
23		28	28			Trust Fund Contribution			d to Fees	
Zip	Country	Zip	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,				
24	25 29 30				Florida Statutes					
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Reg	istered Ag	ent		
WIL	ls, lee		8	1 1	Name					
	W HOWARD AVE		8:	<u>,</u>	Street Addres	ss (P.O. Box Number is Not Acceptable	<u>e)</u>			
	ANGE CITY FL 32763		DZ SIPECI AC			idiess (r.o. box Number is Not Acceptable)				
			8	3			**			
			84	4 (	City		FL	85 Zip	o Code	
44 5	10-4-	20		1.						
office or agent. I	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Such change was pations of, Section 607.0505, Fl	authorized l lorida Statuti	ve-n oy thes	ne corporatio	ration submits this statement for the pun's board of directors. I hereby accep	t the appoir	itment a	as registered	
ŞIGNATURE										
Signature, typied or printed name of registered agent and titic If applicable (NOTE Registe					signature required	the state of the s	DATE	755057		
12.	OFFICERS AN		13.		<del></del>	ADDITIONS/CHANGES TO OFFICE	~~~			
TITLE	P	☐ DELETE	1,1 TITLE				L.	] Change	: L_ Addition	
NAME	WILLS, LEE		1,2 NAME							
STREET ADDRESS	528 W HOWARD AVE		1,3 SIRE	ET AD	DRESS				Į	
CITY-ST-ZIP	ORANGE CITY FL		1.4 CHY-		<del></del>					
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	i									

64 CITY-ST-ZIP

14. I do 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.

4125/97 (904)775-42U2

**FILED** 

May 12 1997 8:00am

Secretary of State

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