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

**PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 POCUMENT # P95000002190 (3) WILLY'S OUTPOST, INC. Principal Place of Business Mailing Address 2004 PINE ST E ORLANDO FL 32803 2804 PINE ST E ORLANDO FL 32803-6340 3. Date Incorporated or Qualified 3a. Date of Last Report 01/10/1995 04/16/1996 4. FE! Number 2. Principal Place of Business 2a. Mailing Add Applied For (60451) 26 <u>59-3292002</u> Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 26 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 Florida Statutes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ODERKIRK, WILLIAM W 2604 PINE ST E Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32803 83 84 City Zip Code 85 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. 1 SIGNATURE ame of registered agent and title if applic (NCITE: Birgistored Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TILLE **ODERKIRK, WILLIAM W** 1.2 NAME NAME STREET ADDRESS 2604 PINE ST E 1.3 STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change \_\_\_ Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREE1 ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP Addition DELETE Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP Addition DELETE Change 4.1 1111.6 TITLE NAME 4. 2 NAME

6.4 C/TY - ST - ZIP CITY-ST-ZIP 14. Ido 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, 407

4.3 STREET ADDRESS

5.3 STREET ADDRESS

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4.4 CITY - ST - ZIP

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