

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000025302 (7)

1. Corporation Name
WILLS GROUP, INC.



Principal Place of Business
633 SOUTH WILDFLOWER COURT
LONGWOOD FL 32750

Mailing Address
633 SOUTH WILDFLOWER COURT
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 2624 Lake Jackson Circle
Suite, Apt. #, etc.
22 APOPKA, FL
City & State
23 32703 USA
Zip Country

2a. Mailing Address
26 P.O. Box 593977
Suite, Apt. #, etc.
27 ORLANDO, FL
City & State
28 32859-3977
Zip Country

3. Date Incorporated or Qualified
03/29/1995

4. FEI Number
59-3309291

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
WILLS, CYNTHIA M.
633 SO WILDFLOWER CT
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name
CYNTHIA WILLS

82 Street Address (P.O. Box Number is Not Acceptable)
2624 Lake Jackson Circle

83 APOPKA

84 City
FL 85 Zip Code
32703

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 *C. Wills* Cynthia Wills 4/20/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	WILLS, NATHANIEL L	633 SOUTH WILDFLOWER COURT	LONGWOOD FL 32750	<input type="checkbox"/>
VSTD	WILLS, CYNTHIA M	633 SOUTH WILDFLOWER COURT	LONGWOOD FL 32750	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
PD	WILLS, NATHANIEL L.	2624 Lake Jackson Circle	Apopka, FL. 32703	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VSTD	Wills, Cynthia M.	2624 Lake Jackson Circle	Apopka, FL. 32703	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 in an attachment with an address.

SIGNATURE *[Signature]* DATE *4/20/98*

CR2E034 (10/97)