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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000037158 (9)

1. Corporation Name TIMOTHY DALE WILLIS P.A. Principal Place of Business Mailing Address 1047 NORTHERN WAY WINTER SPRINGS FL 32708 Mailing Address 1047 NORTHERN WAY WINTER SPRINGS FL 32708							
				3. Date Incorporated or Qualified 05/08/1995	3a. Dat	e of Last f	Report
_ 2 , Principal P 21	face of Business	2a. Mailing Address	Lin DR	4. FEI Number 59-3311	22 H	<u> </u>	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	rem die		<u> </u>	- -	Not Applicable 5 Additional
22		27		5. Certificate of Status Desired			Required
City & Stat	e	City & State	00 B	6. Election Campaign Financing		\$5.0	00 Мау Ве
Žip	Country	28 ORLAN	Country	Trust Fund Contribution			ed to Fees
24	25	29 32803	30 ORMSE	 8. This corporation has liability for Florida Statutes 	s No	ax under s	s 199.032,
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New I	Registered	Agent	
RALLA	NTYNE, JOHN R		81 Name				
903 N PINE HILLS RD			82 Street Add	dress (P.O. Box Number is Not Acceptal	ble)		
ORLAN	NDO FL 32808		83				
			84 City			05 7	in Carlo
11 Durauget	to the proviouse of Postions 607.05	500 and 607 4500 Ft. 11 61	'	·	FL	1 1	ip Code
	and people or both, in the Otal 4 f l	ove and our moud, monda atall	ares, the above harned corbc	oration submits this statement for the bu	irpose of cha	anging its	registered office
or register familiar wi	th, and accept the obligations of, So	lorida. Such change was author ection 607.0505. Florida Statuti	rized by the corporation's boa	oration submits this statement for the pu ard of directors. Thereby accept the app	pointment as	registered	d agent. I am
or register familiar wi SIGNATURE	the designation of the	conon doz. 0000. Honda Stattie	rized by the corporation's bos es.	ard of directors. I hereby accept the app	oointment as	registered	d agent. I am
SIGNATURE	Stgristure, typed or printed name of registered ag	port and the if applicable (f	vota: Registered Agest signature resur	red when will string)	DATE		
	Stgristure, typed or printed name of registered ag	port and total displicable (AND DIRECTORS	NOTE: Fragrifered Agent signature results 13.		DATE ICERS AND	DIRECTO	ORS IN 12
SIGNATURE	Sproble, tyled or printed name at registred a OFFICERS A D WILLIS, TIMOTHY D	port and the if applicable (f	vota: Registered Agest signature resur	red when will string)	DATE ICERS AND		
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only that the information indicated on this artifular report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under only 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IN FROM THOMAS AND THE WILLS AND THE DAY

457 617 7325