## 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** 

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90055 014 \*\*\*150.00

## DOCUMENT # P95000052982

1. Corporation Name

WILLIS ENTERPRISES, INC.

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Principal Place	of Business	Mailing Addre	ess	<del></del>			-	ISBI (IS ISISI SIIII SENI	8 5 1 1 1 0 0 1 1 1 5 0 1 U I	91419 11919 1949)	1914 \$ 1141 4891
3731 TRIAL DAIRY CIR		3731 TRAIL DAIRY CIR									
NO FT MYERS FL 33917		NO FT MYERS FL 33917				DO NOT WRITE IN THIS SPACE					
US		U\$	US				3. Date Incorporated or Qualifed				
1							07/05/1	•	·		1
2 Principal Pl	ace of Business	2a. Mailing A	ddress				4. FEI Numb			Ap	plied For
21	ace of Dusiness	26					65-0594				t Applicable
Suite, Apt.	#, etc.	Suite, Apt	t. #, etc.	1						\$8.75 A	
22	•	27					5. Certificate	of Status Desired		Fee Re	quired
City & State	)	City & Sta	ate				6. Election C	ampaign Financin	9 🗇	\$5.00	May Be
23		28					Trust Fun-	d Contribution		Added t	o Fees
Zip	Country	Zip	-	Count	try		8. This corpo	oration owes the co	ırтent year Int		
24	25	29		30			.1	Property Tax.		V Yes	□No
	9. Name and Address of Cu	rrent Registered Age	nt				10. Name an	d Address of Nev	Registered	Agent	.,
NAME I	IS, FRANK			8	31   1	Name					
	TRAIL DAIRY CIR			8	32 8	Street Addre	ess (P.O. Box No	umber is Not Acce	ptable)		
ľ	FT MYERS FL 33917			L_	_						
NO	TIMIENO PL 33911			l <sup>8</sup>	33						
				8	34 (	City			FL	85 Zip C	Code
		1500 5						L'a statement for th		changing ite	ragietarad
11. Pursuant i	to the provisions of Sections 607. egistered agent, or both, in the St	0502 and 607.1508, F	londa Statute	es, the abo	ove-n	iameo corpo	o'e boord of dire	ctors. I hereby acc	ent the annoi	ntment as re	ristered
	egistereg agent, or both, in the St	ate of Florida. Such Ci	nange was au	Jinonzeu L	by the	e corporation	is poard or dire		opt and appo-		9.0.0.0.0
agent. I ar	n familiar with, and accept the ob	ate of Florida. Such cr digations of, Section 6	07.0505, Flori	rida Statute	es.	e corporation	irs poard or dire		opt are uppe		9.0.0/00
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agent. I ar SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered OFFICERS P WILLIS, FRANK	oligations of, Section bill agent and title if applicable.  S AND DIRECTORS	(NOTE:	Registered A	gent se E IE EET AC	e corporation	when reinstating)		DATE	ND DIRECTO	RS IN 12
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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 suppliemental annual report is true and accordate 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 of 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.

6.4 CJTY-ST-ZIP

SIGNATURE: