

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

FILED

Jun 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000056033 (0)

1. Corporation Name

JAMES O'NEAL WILLIAMS, P.A.

Principal Place of Business

1010 WEST SLIGH AVENUE
TAMPA FL 33604

Mailing Address

1010 WEST SLIGH AVENUE
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1995

4. FEI Number

59-3329919

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 2275

26 P.O. Box 2275

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 BRANDON, FL

28 BRANDON, FL

24 Zip

Country

29 Zip

Country

33509-2275

25 HILLS

33509-2275

30 HILLS

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, JAMES O
1010 WEST SLIGH AVENUE
TAMPA FL 33604

81 Name

WILLIAMS, JAMES O.

82 Street Address (P.O. Box Number is Not Acceptable)

2943 MINUTEMAN LANE

83

84

BRANDON

FL

85 Zip Code

33511

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WILLIAMS, JAMES O
STREET ADDRESS 1010 WEST SLIGH AVE.
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☐ Addition

1.2 NAME WILLIAMS, JAMES O.
1.3 STREET ADDRESS P.O. Box 2275
1.4 CITY-ST-ZIP BRANDON, FL 33509-2275

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME 2943 MINUTEMAN LANE
2.3 STREET ADDRESS BRANDON, FL 33511
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***150.00

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 on an attachment with an address.

SIGNATURE James O'Neal Williams

813 143 3276

CR2E034 (10/97)