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

DOCUMENT # P95000081385 1. Corporation Name

WILLIAM G. TYE, P.A.

Principal Place of Business

Mailing Address

121 MORTH FOURTH STREET

POST OFFICE BOX 3058

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

04-14-1999 90183 003 ***150.00



FORT PIERCE F		FORT PIERCE FL 34948			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
	•				10/20/1995		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
24		26			65-0617443		Not Applicable
Suite, Apt. 7	#, etc.	Suite, Apt. #, etc.					5-Additional
22	.,	27			5. Certificate of Status Desired	Fe	e Required
City & State		City & State			6. Election Campaign Financing		00 May Be
23		28			Trust Fund Contribution		ted to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year Int	tangible ☐ Yes	□No
24	25		30		Personal Property Tax.		
	9. Name and Address of Current	Registered Agent	81	N	10. Name and Address of New Registered	Ayent	
T\/E	14/11 L LABA C		*'	Name			
TYE, WILLIAM G				Street Add	dress (P.O. Box Number is Not Acceptable)		
121 NORTH FOURTH STREET				ļ	•		
FOR	T PIERCE FL 34950	,	83	1			
			84	City		85	Zip Code
		<u></u>			FL		
11. Pursuant i office or re agent, I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	and 607.1508, Florida Statutes f Florida. Such change was aut ons of, Section 607.0505, Flori	s, the abov thorized by da Statutes	re-named cor the corporat S.	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoi	intment a	g its registered is registered
SIGNATURE		MOTE !	21-11 1		ired when reinstating) DATE		
	Signature, typed or printed name of registered agent OFFICERS AND		13.	ent signature requir	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AF	ND DIRE	CTORS IN 12
12.		DELETE	1.1 TITLE		7,5511,0110,011,010,010,010,010,010	[T] Cha	
TITLE	D					_	· _
NAME	TYE, WILLIAM G		1.2 NAME	•			
STREET ADDRESS	121 NORTH FOURTH STREET			TADDRESS			
CITY-ST-ZIP	FORT PIERCE FL 34950		1.4 CITY-5	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Cha	nge
TITLE		☐ DELETE	2.1 TITLE				inge
NAME			2.2 NAME				
STREET ADDRESS		• • • • •	2.3 STREE	T ADDRESS ^			
CITY-ST-ZIP			2. 4 CITY-	ŞT-ZIP			
πιε		☐ DELETE	3.1 TTTLE			☐ Cha	inge
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY: ST-ZIP			3.4. CITY-	ST-ZIP			·
TITLE		☐ DELETE	4.1 TITLE			☐ Cha	inge 🗌 Addition
NAME			4. 2 NAME	:			
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 C/TY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Cha	inge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP		,	5.4 C/TY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	ange 🔲 Additios
NAME		_	6.2 NAME				
STREET ADDRESS			6.3 STREI	ET ADDRESS			
			6.4 CITY-				
CITY-ST-ZIP	1		0.4 0111	Ų1-ΔIF			

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, in the corporation 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, in the corporation of the corporat

SIGNATURE:

CR2E034 (11/98)