SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000018183 (9)

FILED 97 AUG 12 AM 8: 36

CONTRACTOR OF STATE

WILL PA	IGE VI, INC.	0010100 (0)		TALLAHASSEE	, FLORIDA
Principal Place	e of Business	Mailing Address			
3215 TYRONE BLVD ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710			or	DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
				02/26/1006	<u> </u>
2. Principal P	lace of Business	2a. Mailing Address		02/26/1996 4. FET Number	Applied For
21		26		59-3369833	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	☐ Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pai	
24	25	29	30	Personal Property Tax due June	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	gistered Agent
MANNS, WILLIAM J			81 Name	(D.O. Day N. Jaharia Mat Assault	1-1
3215 TYRONE BLVD ST. PETERSBURG FL 33710			82 Street Addre	ess (P.O. Box Number is Not Acceptab	16)
91.	rejenspond re 337 iu		83		
			84 City		FL 85 Zip Code
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					
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	7,00711011070111111020110 011110	Change Addition
NAME	· —	_	1.2 NAME		
STREET ADORESS	MANNS, WILLIAM J 2055 SUNSET POINT ROAD		1.3 STREET ADDRESS	5000022	oppqqqqq
CITY-ST-ZIP	CLEARWATER FL 34623		1.4 CITY-ST-ZIP	-08/15/	35-83135-020 5
TITLE	D	DELETE	2.1 TITLE	****16	5.00
NAME	_		2.2 NAME		
STREET ADDRESS	MARKS, WILLIAM H		2.3 STREET ADDRESS		
CITY-ST-ZIP	1841 GREENHILL DRIVE CLEARWATER FL 34615		2. 4 CITY-S1-ZIP		
TITLE	CLEANWAIEN.FL 39010	DELETE	3.1 TITLE		Change Addition
NAME		_	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CHY-ST-ZIP		
TIYLE		☐ DELETE	4.1 TITLE		Change Addition
NAME *	•		4.2 NAME		_ • -
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	4.5		4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		-
STREET ADDRESS			5 3 STREET ADDRESS		İ
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 THILE		Change Addition
NAME			62 NAME		İ
STREET ADDRESS			6.3 STREET ADDRESS		
CUTH CT 710			C 4 DITY OT 21D		

14. If do 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.

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WILL ₹PAGE

3217 TYRONE BLVD. ST. PETERSBURG, FL 33710 &/3 3817243

8/4/97

this was paid in March of this year. However, because it was not signed by an office It was Network. I did not receive it look from your office. I am re applying at 16500

Hanks Willim & Works