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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000044875

FILED May 18 1998 8:00am Secretary of State

George Willetts, Inc.									
Principal Place of Business	Mailing Address				_				
•	8525 April St. 8525 April St.					. *			
Jacksonville, FL 32244 Jacksonville, F			32244		DO NOT WRITE IN THIS SPACE				_
					3. Date Incorporated or Qualified 5/24/96				
2. Principal Place of Business	2a. Mailing Address						I I A	pplied For	-
21	26				4 59-3880427		_ 	ot Applicable	e
Suite, Apl. #. etc.	Suite, Apt. #, etc.				E. Continue of Status Desired		\$8.75	Additional	7
22	27				5. Certificate of Status Desired		Fee Re	equired	_
City & State	City & State				6. Election Campaign Financing	_	\$5.00	May Be	
23	28	·			Trust Fund Contribution		Added	to Fees	_
Zip Country	Zip	Cour	try		B. This corporation owes or has paid	The same of			1
24 25	29	30]			Personal Properly Tax due June 30 10. Name and Address of New Regin			⊒ No	-
9. Name and Address of Curr	eni Hegisterea Agent		B1 Nam	ρ	to. Name and Address of New Negit	SIGIOU A	J-0111		\dashv
Ball, John S.		L	,					-	
Fisher, Tousey, Leas &	Ball	1	B2 Stree	et Addre	ess (P.O. Box Number is Not Acceptable)	I			
l Independent Drive, St	ite 2600	- 1	B3						┥
Jacksonville, Florida				-					_
-		1	B4 City			FL	65 Zip	Code	
11. Pursuant to the provisions of Sections 607.0	502 and 607.1508. Florida Statute	es, the abo	1 ove-name	d corpo	pration submits this statement for the pur	pose of o	hanging if	ts registered	
office or registered agent, or both, in the Sta agent, I am familiar with, and accept the obl	te of Florida. Such change was a	uthorized	by the co	rporatio	on's board of directors. I hereby accept the	ne appoi	ntment as	registered	
-	igations of, accion our book, ric	inoa Statu	ico.						
SIGNATURE Signature, typed or printed name of registered is	agent and tide if applicable (NOT)	E Registered	Agert signat	uré réquire	d when reinstating)	DATE			ءا
	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICE				_] <u>}</u>
THLE P/S/T/D	☐ DELETE	1.5 TITL	1.5 TITLE			L	Change	☐ Addition	5 '
NAME George, Donna		1.2 NAM	1.2 NAME						8
STREET ADDRESS 8525 April St.		1.3 STR	EET ADDRES	§					й
CITY-ST-ZIP Jacksonville, FL	32244	_	r-ST-ZIP	 			Change	T Adapta	CR2E034 (10/97)
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NAME	•	6 2 NAN	ME					V	W
STREET ADDRESS		6 3 STR	EET ADDRESS	3				1,	M)
CITY - ST- ZIP			7 - ST - 7/P						
14. I hereby certify that the information supplied	with this filing does not qualify for	or the exer	nplion sta	ited in S	Section 119.07(3)(i), Florida Statules. I fur	ther cer	ify that the	information	1

nd cated on this annual report or supplied with this lifting does not quality for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information of cated 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 chapter, or on an attachment with an address.