

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 09, 1999 8:00 am**  
**Secretary of State**

09-09-1999 90001 036 \*\*\*550.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000081278**

Corporation Name  
**THE WILLIAM INMAN COMPANY**



Principal Place of Business  
 4250 LAKESIDE DRIVE  
 STE. 302  
 JACKSONVILLE FL 32210

Mailing Address  
 4250 LAKESIDE DRIVE  
 STE. 302  
 JACKSONVILLE FL 32210  
 US

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
	26	09/27/1996	59-3409045	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		\$8.75 Additional Fee Required
	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
	28	<input type="checkbox"/>		
Zip	Country	29	30	Country
	25			
		8. This corporation owes the current year Intangible Personal Property.		<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
INMAN, WILLIAM O III 4250 LAKESIDE DRIVE SUITE 340 JACKSONVILLE FL 32210		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DELET	<input type="checkbox"/>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS	D	1.2 NAME	
ST-ZIP	INMAN, WILLIAM O III	1.3 STREET ADDRESS	
	4250 LAKESIDE DRIVE, STE. 302	1.4 CITY-ST-ZIP	
DELET	<input type="checkbox"/>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		2.2 NAME	
ST-ZIP		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
DELET	<input type="checkbox"/>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		3.2 NAME	
ST-ZIP		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
DELET	<input type="checkbox"/>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		4.2 NAME	
ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
DELET	<input type="checkbox"/>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		5.2 NAME	
ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
DELET	<input type="checkbox"/>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS		6.2 NAME	
ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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: *William O. Inman III*

9-7-99 904-389-4900

CR2E034 (5/99)