

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90054 037 ***150.00

0509661

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000001025

1. Corporation Name
TERRY WILLIAMS BUSINESS MACHINE, INC.



Principal Place of Business
**417 N. PALMETTO STREET
 LEESBURG FL 34748**

Mailing Address
**417 N. PALMETTO STREET
 LEESBURG FL 34748**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **709 N. BLVD. W.**

22 Suite, Apt. #, etc.

23 City & State **LEESBURG FL**

24 Zip **34748** 25 Country **U.S.A.**

26 Mailing Address
709 N. BLVD W.

27 Suite, Apt. #, etc.

28 City & State **LEESBURG FL**

29 Zip **34748** 30 Country **U.S.A.**

3. Date Incorporated or Qualified
01/01/1997

4. FEI Number
59-3421707

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**JOHNSON, CHARLES D
 907 WEBSTER STREET
 LEESBURG FL 34748**

10. Name and Address of New Registered Agent

81 Name

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, TERRY	1.2 NAME	Williams, Terry
STREET ADDRESS	417 N. PALMETTO STREET	1.3 STREET ADDRESS	709 N. BLVD. W.
CITY-ST-ZIP	LEESBURG FL 34748	1.4 CITY-ST-ZIP	LEESBURG FL 34748
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Mary Louise Williams
STREET ADDRESS		2.3 STREET ADDRESS	709 N. Blvd.W
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VP Robert S. (Bean) Franklin
STREET ADDRESS		3.3 STREET ADDRESS	709 N. Blvd.W
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Leesburg, FL 34748
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: TERRY GENIE WILLIAMS 4/29/99 352 787-3733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)