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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

P97000016518 (7) DOCUMENT #

BILL CONN ENTERPRISES, INC.

## **FILED** Apr 22 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address				
15 WEST STRONG ST STE 11-8			15 WEST STRONG ST STE 11-B			
PENSACOLA F	L 32501	PENSACOLA FL 32501			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					02/18/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
21 15 WEST STRONG ST. 24B 26					59-3442489 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					S8.75 Additional	
22 PENSACOLA STL 27					5. Certificate of Status Desired Fee Required	
City & State City & State					Election Campaign Financing \$5.00 May Be	
23 32501 28				Trust Fund Contribution Added to Fees		
Zip			Country	,	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. 🔲 Yes 🔲 No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent  81 Name		
	CONN, WILLIAM P					
	WEST STRONG ST STE 11-B		82	Street	t Address (P.O. Box Number is Not Acceptable)	
PENSACOLA FL 32501						
			83			
			84	City	85 Zip Code	
					FL V P	
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 Use the properties properties properties and the properties are all this if apply able (NOTE: Registered Agent signature required when reinstalling)  DATE						
			: Registered Ag	ent signatur	re required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12/	
12.	OFFICENS AF	DELETE	1.1 TITLE		PRESIDENT L'Addition	
NAME		12			WILLIAM COND	
STREET ADDRESS	nnerss					
CITY-ST-ZIP			1.4 CITY-ST-ZIP		Perspecto fi 30501	
TITLE			2.1 TITLE	,,	Change Addition	
NAME			2.2 NAME			
STREET ADDRESS	DRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST- ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE	DELETE		4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	ADDRESS	.	
CITY-ST-ZIP			4.4 CIFY-			
TITLE	DOLETE		5.1 TITLE		Change Addition	
NAME	AME		52 NAME			
STREET ADDRESS	DRESS		5.3 STREE	ADDRESS		
CITY-ST-ZIP			5.4 CfTY-1	S1 - ZIP		
TITLE	- <del></del>	DELETE 6.1			Change Addition	
NAME	•		6.2 NAME			
STREET ADDRESS	DORESS		6.3 STREE	ADDRESS		
CITY-ST-ZIP			6.4 CITY-			
44 Ibosoby o	certify that the information supplied	with this filing does not qualify fo	or the eveni	tion etat	ited 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.						