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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 15, 1999 8:00 am Secretary of State 02-15-1999 90030 033 ***150.00

	1999	DIVISION OF	CORPORATIONS	02-15-1999 90030 033 ***150.00	
DOCU	MENT # POZOOC	037454			
1. Corporation	AW WILLY'S, INC.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
CHOCIA	AVV VVILLT'S, INC.			[1881186: 116 1811 1881 BRIS 86:11 86:11 86:11 86:11 86:11 86:11	
Principal Plac	ce of Business	Mailing Address			
214 W. BROAD STREET 214 W. BROAD STREET					
GROVELAND F	FL 34736	GROVELAND FL 34736		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
:				04/25/1997	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number Applied F	or
21	# -1-	26		59-3448742 Not Appli	
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired \$8.75 Addition Fee Required	
City & Stat	te	City & State	<u> </u>		
23		28		6. Election Campaign Financing Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible	
24	25		30	Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent	
BIRC	D, WAYNE				
214 W. BROAD STREET			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
GRO	VELAND FL 34736		83	· 经有效的 医多数磷酸钾和 對前的	
			84 City	■ 85 Zip Code	1. 15 gt
***			,		
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 a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor	ida Statutes.	, , , , , , , , , , , , , , , , , , , ,	-
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signature req	uired when reinstating). DATE	_
12,		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	P	☐ DELETE	1.1 TITLE	Change 🔲 🗚	Addition
NAME	BIRD, WAYNE		1.2 NAME		
STREET ADDRESS	5719 N APOPKA-VINELAND RE)	1.3 STREET ADDRESS		,
CITY-ST-ZIP TITLE	ORLANDO FL 32818 VP	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ A	Addition
NAME	BROCK, STAN		2.2 NAME	Shange	tagitton .
STREET ADDRESS	5725 N APOPKA-VINELAND RD)	2.3 STREET ADDRESS	-	-
CITY-ST-ZIP	ORLANDO FL 32818		2. 4 CITY-ST-ZIP		.
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ A	Addition
NAME	BIRD, DOUGLAS		3.2 NAME		
STREET ADDRESS	2451 CANTER CLUB TRL		3.3 STREET ADDRESS	2.5 15 A. A. C.	
CITY-ST-ZIP TITLE	APOPKA FL 32712	☐ DELETE	3.4. CITY-ST-ZIP	Change in A	ddition
NAME		_	4. 2 NAME	The state of the s	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<u>.</u>	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ A	ddition
NAME			5.2 NAME		l
STREET ADDRESS	, i		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		ĺ
CITY-ST-ZIP TITLE	.'	DELETE	6.1 TITLE		ddition
NAME			6.2 NAME	□ outlings □ n	- Janoii
STREET ADDRESS			6.3 STREET ADDRESS		-
CITY-ST-ZIP	•		6.4 CITY-ST-ZIP		Ì

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 eadress, with all other like empowered.

SIGNATURE:

352-429-4188 Daytime Phone #