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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000050008

STREET ADDRESS

CITY-ST-ZIP

G. EVERETT BURGHARDT WILLIAMS, I., P.A.

Principal Place	e of Business	Mailing Address					• • • • • • • • • • • • • • • • • • • •				-
3721 HENDRICKS AVE		P.O. BOX 10293									
JACKSONVILLE FL 32207		JACKSONVILLE FL 32247-0293				DO NOT WRITE IN THIS SPACE					
						3. Date Incorporat 06/06/1997	ed or Qualifed	I		*	4,-
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number				Appl	lied For
21		26			59-34529 <u>55</u>	59-3452955			Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Sta	atus Desired	DX.			ditional	
22		27			· · · · · · · · · · · · · · · · · · ·				e Req	·	
City & State		City & State			· ·	1 1			\$5.00 May Be Added to Fees		
23		28	Cour	ntn.		Trust Fund Con				jed to	rees
Zip	Country	Zip	30	iu y		8. This corporation Personal Prope		rent year int	angible Yes	D	Νίο
24	9. Name and Address of Curre	29]30 _]			10. Name and Add		Registered			
	3. Haine and Address of Carre	ant reagnetine regard	-	81	Name						
WILLI	ams, g everett i				<u> </u>	(D.O.D. M	. !- NI-4 A	4-h1-\			
3721	HENDRICKS AVE			82	Street A	ddress (P.O. Box Number	is Not Accep	table)			
JACK	SONVILLE FL 32207	•		83							
									laal	7) O	
				84	City			FL	85	Zip Co	эае
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Stat	utes, the at	ove-i	named co	orboration submits this se	atement for the	e pulpose of	-t-	9 113 11	egisterea
office or re agent. I as	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 607.0505, F	authorized Torida Statu	by th ites.	ne corpor	ration's board or directors.	I hereby acce	ърг ине аррон	intment a	as regi	egistered istered
office or n agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered ac	e of Florida. Such change was gations of, Section 607.0505, F	authorized Iorida Statu	by th ites.	ne corpor	quired when reinstating)	Thereby acce	DATE	en a	15 legi	
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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:

6.4 CITY-ST-ZIP

CR2E034 (11/98)

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90010 043 ***158.75