

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



**98-99AR**

FILED

JUN 24 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000069329**

1. Corporation Name

**E. L. Williamson, Inc.**

Principal Place of Business  
**PO. Box 272018  
Tampa, FL 33688**

Mailing Address  
**C/O Walter Sanders  
13910 N. Dale Mabry Hwy  
Ste One  
Tampa, Florida 33618**

**REINSTATEMENT 98-99**  
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**August 8, 1997**

4. F.C. Number  
**59-3465919**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

9. Name and Address of Current Registered Agent

**Walter Sanders  
13910 N. Dale Mabry Hwy  
Ste One  
Tampa, Florida 33618**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 **Walter Sanders** **Walter Sanders** **4/29/99**

12. OFFICERS AND DIRECTORS

11 TITLE [ ] DELETE

12 NAME **D Williamson, Everett**

13 STREET ADDRESS **8110 Colonial Village Dr. #108**

14 CITY-ST-ZIP **Tampa, Florida 33625**

21 TITLE [ ] DELETE

22 NAME **D Williamson, Carol**

23 STREET ADDRESS **8110 Colonial Village Dr. #108**

24 CITY-ST-ZIP **Tampa, Florida 33625**

31 TITLE [ ] DELETE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE [ ] DELETE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE [ ] DELETE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE [ ] DELETE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [ ] Change [ ] Addition

12 NAME **800002918678--2**

13 STREET ADDRESS **-06/29/99--01057--013**

14 CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

21 TITLE [ ] Change [ ] Addition

22 NAME **800002918678--2**

23 STREET ADDRESS **-06/29/99--01057--014**

24 CITY-ST-ZIP **\*\*\*\*\*8.75 \*\*\*\*\*8.75**

31 TITLE [ ] Change [ ] Addition

32 NAME **800002918678--2**

33 STREET ADDRESS **-06/29/99--01057--015**

34 CITY-ST-ZIP **\*\*\*\*750.00 \*\*\*\*750.00**

41 TITLE [ ] Change [ ] Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE [ ] Change [ ] Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE [ ] Change [ ] Addition

62 NAME

63 STREET ADDRESS

64 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: **Everett Williamson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/99**

CR2E034 (11/98)