

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90172 003 \*\*\*150.00

**DOCUMENT # P97000109028**

1. Corporation Name  
**WILLIAM AUSTIN, INC.**



Principal Place of Business

Mailing Address

~~1416 KINGSLEY AVENUE~~  
~~SUITE 104~~  
~~ORANGE PARK FL 32073~~

~~1416 KINGSLEY AVENUE~~  
~~SUITE 104~~  
~~ORANGE PARK FL 32073~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/01/1998**

2. Principal Place of Business

2a. Mailing Address

**21 1532 Kingsley Avenue**

**26 1532 Kingsley Avenue**

4. FEI Number

Applied For

**59-3485249**

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 104**

**27 Suite 104**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

City & State

**23 Orange Park, FL**

**28 Orange Park, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

**24 32073**

**25 USA**

**29 32073**

**30 USA**

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ENGELBRECHT, CHARLES W**  
**1416 KINGSLEY AVENUE**  
**SUITE 104**  
**ORANGE PARK FL 32073**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**1532 Kingsley Avenue**

83 Suite 104

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **ENGELBRECHT, CHARLES W**  
STREET ADDRESS **1416 KINGSLEY AVENUE STE. 104**  
CITY-ST-ZIP **ORANGE PARK FL 32073**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **1532 Kingsley Avenue Ste 104**  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 a letter like empowered.

SIGNATURE: **Charles W. Engelbrecht**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/27/99**

**904-278-1060**

CR2E034 (11/98)