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

DOCUMENT # P98000042947

1. Corporation Name

WILLIAM C. BORGERSEN, P.A.

Principal Place of Business	Mailing Address	
2530 WEST BAY DRIVE	2530 WEST BAY DRIVE	
LARGO FL 33770	LARGO FL 33770	

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90002 031 ***150.00



Principal Place	e of Business	М	lailing Address				
2530 WEST BAY DRIVE LARGO FL 33770			2530 WEST BAY DRIVE LARGO FL 33770				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed 05/11/1998
2. Principal P	Place of Business	2a	. Mailing Address	- ;			4. FEI Number () Applied For
21		26					
Suite, Apt.	#, etc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired - \$8.75 Additional Fee Required
City & Stat	te	28	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	1-51	Zip Country				8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax.
	9. Name and Address of Current	Regi	stered Agent				10. Name and Address of New Registered Agent
					81	Name	
BORGERSEN, WILLIAM C ESQUIRE 2530 WEST BAY DRIVE					82	Street Ad	dress (P.O. Box Number is Not Acceptable)
LAR	GO FL 33770				83		
					84	City	FL 85 Zip Code
office or r agent. I a	registered agent, or both, in the State of m familiar with, and accept the obligati	t Flori	na. Such change was a	utnonzed	עס נ	ine corpora	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title	e if applicable. (NOTE	: Registere	Ager	nt signature requ	ired when reinstating) DATE
12.	OFFICERS AND	DIR	ECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Distrion_		☐ DELET E	1,1 T	TLE		Change Addition
NAME:	Wm. C. Boncensen			1.2 N	AME		
STREET ADDRESS	2530 West Bay Dr			1.3 S	TREE	TADDRESS	
CITY-ST-ZIP	LANGO, FL 33770			1.4 C	TY-S	T-ZIP	
TITLE			☐ DELETE	2.1 T	TLE		☐ Change ☐ Addition
NAME	1			2.2 N	AME		
STREET ADDRESS	}			2.3 S	TREE	T ADDRESS	
CITY-ST-ZIP	المعاديد المسجول المشكر البالم		جي جي جي سيد	2:40	TY-S	51-ZIP	- المن المنظم المواقع المنظم المواقع المنظم المواقع المنظم المواقع المنظم المنظ
TITLE		-	☐ DELETE	3.1 T	TLE		Change Addition
NAME	ļ			3.2 N	AME		
STREET ADDRESS				3.3 \$	TREE	TADDRESS	·
CITY-ST-ZIP				3.4. (πy-s	ST-ZIP	
TITLE			☐ DELETE	4.1 T	TLE		. Change Addition
NAME				4.21	IAME	-	
STREET ADDRESS	5			4.3 \$	TREE	T ADDRESS	
CITY-ST-ZIP				4.4 C	TY-S	T-ZIP	
TITLE			☐ DELETE	5.1 T			. Change Addition
NAME	1			5.2 N	AME		•
STREET ADDRESS	3					TADDRESS	
CITY-ST-ZIP						T-ZIP	
TTD C			DELETE	6.1 T	itle "		☐ Change ☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

151 2825020