**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000058202

1. Corporation Name

LES WILLIAMS & ASSOCIATES INC

LLO WIL	EIAMO & ACCOUNTED INC	,						
Principal Place	e of Business	Mailing Address			-	E;   40    80    60	lf#€ i#tim samer a	
P.O. BOX 442	4 V. <b>244</b>	P.O. BOX 442						
MOUNT DORA	FL 32756	MOUNT DORA FL 32756						
						WRITE IN THIS	SPACE	<del></del>
					3. Date Incorporated or Qua	alifed		
					06/25/1998			<u> </u>
2. Principal P	Place of Business	2a. Mailing Address	-		4. FEI Number	45//		plied For
21		26					\$8.75 A	t Applicable
¬, · , · , · , · · · · · · · · · ·		Suite, Apt. #, etc.	Suite, Apr. #, etc.		5. Certifcate of Status Desir	ed 🗌	Fee Re	
City & State		City & State		6. Election Campaign Finar	oina .	\$5.00		
<b>-</b> '	le .	28			Trust Fund Contribution		Added t	. ,
23   Zip	Country	Zip	Country	·-·	8. This corporation owes the	e current year Inta		
24	25	29 30	¬ ´		Personal Property Tax.	o dan din yada ama	Yes	ĽNo I
24	9. Name and Address of Currer				10. Name and Address of I	New Registered	Agent	
	5.12.043		81	Name	HORLES HO			
	l, Charles e Jr		82	Stroot Addre	ess (P.O. Box Number is Not A	ccentable)		
	OLD MISSION AVE		102	Street Addre	ess (F.O. DOX Number is Not A	эссриалс)		
ST. A	AUGUSTINE FL 32084	•	83	クウ	ALASTA	, 55		
					BLMERTA	<u> </u>	85 Zip-S	Code -
			84	City	AUKUSTINS	´ FL	Jes 25	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes,	the above	-named corpo	oration submits this statement for	or the purpose of	changing its	registered
office or r	registered agent, or both, in the State	of Florida. Such change was auth	orized by I	tne corporatio	in's board of directors, I hereby	accept the appoir	ittilein as rei	gistered
agent 1 a	m familiar with, and accept the only	ations of Section 607.0505, Florida	a Statutes.					
agent. I a	am familiar with, and accept the congr	ations of, Section 607.0505, Florida	a Statutes.			3/	/v/s	<del>ک</del> ا
agent. 1 a	am familiar with, and accept the onligation familiar with, and accept the onligation familiar accept the onligation familiar with a second familiar with a secon	ent and title if applicable. (NOTE: Re	gistered Agent	t signature required	d when reinstating)	3/	/n/s	<u> </u>
agent. I a	Signature, but of printed a set or systems ago OFFICERS AI	ent and title if applicable. (NOTE: Re	gistered Agent			3/	D DIRECTO	ORS IN 12
agent. 1 a	Signature treat of binded arms or registered age  OFFICERS AI	ent and title if applicable. (NOTE: Re	gistered Agent 13. 1.1 TITLE		d when reinstating)	3/	/n/s	<u> </u>
agent. 1 a SIGNATURE 12.	Signature bear of printed come or registered age OFFICERS AT  PVST  WILLIAMS, EDWIN L	ent and title if applicable. (NOTE: Re	gistered Agent  13.  1.1 TITLE  1.2 NAME	t signature required	d when reinstating)	3/	D DIRECTO	ORS IN 12
agent. 1 a SIGNATURE  12. TITLE	Signature based of Diffusion and accept the CDIIIGS  OFFICERS AI  PVST  WILLIAMS, EDWIN L  P.O. BOX 442 N/A	ent and title if applicable. (NOTE: Re	gistered Agent 13. 1.1 TITLE	t signature required	d when reinstating)	3/	D DIRECTO	ORS IN 12
agent. 1 a SIGNATURE  12. TITLE NAME	Signature part of Diffusion and accept the object of OFFICERS AI PVST WILLIAMS, EDWIN L P.O. BOX 442 N/A MOUNT DORA FL 32756	ent and title if applicable. (NOTE: Re ND DIRECTORS	gistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature required	d when reinstating)	3/	D DIRECTO	DRS IN 12
agent. 1 a SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature part of Diffusion and accept the objigst OFFICERS AI PVST WILLIAMS, EDWIN L P.O. BOX 442 N/A MOUNT DORA FL 32756 D	ent and title if applicable. (NOTE: Re	gistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	t signature required	d when reinstating)	3/	D DIRECTO	ORS IN 12
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature part of Diffusion and accept the objigst OFFICERS AI PVST WILLIAMS, EDWIN L P.O. BOX 442 N/A MOUNT DORA FL 32756 D WILLIAMS, EDWIN L	ent and title if applicable. (NOTE: Re ND DIRECTORS	gistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	signature required  ADDRESS -ZIP	d when reinstating)	3/	D DIRECTO	DRS IN 12
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PVST WILLIAMS, EDWIN L P.O. BOX 442 N/A MOUNT DORA FL 32756 D WILLIAMS, EDWIN L P.O. BOX 442 N/A	ent and title if applicable. (NOTE: Re ND DIRECTORS	gistered Agent  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS	d when reinstating)	3/	D DIRECTO	DRS IN 12
agent. 1 a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME :STREET ADDRESS CITY-ST-ZIP	Signature part of Diffusion and accept the objigst OFFICERS AI PVST WILLIAMS, EDWIN L P.O. BOX 442 N/A MOUNT DORA FL 32756 D WILLIAMS, EDWIN L	ent and true if applicable (NOTE: Re ND DIRECTORS DELETE	gistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ADDRESS	d when reinstating)	3/	D DIRECTO Change	PRS IN 12 Addition Addition
agent. 1 a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME .::STREET ADDRESS	PVST WILLIAMS, EDWIN L P.O. BOX 442 N/A MOUNT DORA FL 32756 D WILLIAMS, EDWIN L P.O. BOX 442 N/A	ent and title if applicable. (NOTE: Re ND DIRECTORS	gistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ADDRESS	d when reinstating)	3/	D DIRECTO	DRS IN 12
agent. 1 a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME :STREET ADDRESS CITY-ST-ZIP	PVST WILLIAMS, EDWIN L P.O. BOX 442 N/A MOUNT DORA FL 32756 D WILLIAMS, EDWIN L P.O. BOX 442 N/A	ent and true if applicable (NOTE: Re ND DIRECTORS DELETE	gistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	ADDRESS -ZIP ADDRESS -T-ZIP	d when reinstating)	3/	D DIRECTO Change	PRS IN 12 Addition Addition
agent. 1 a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PVST WILLIAMS, EDWIN L P.O. BOX 442 N/A MOUNT DORA FL 32756 D WILLIAMS, EDWIN L -P.O. BOX 442 N/A MOUNT DORA FL 32756	ent and true if applicable (NOTE: Re ND DIRECTORS DELETE	pistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET	ADDRESS -ZIP -ADDRESS -T-ZIP -ADDRESS -ADDRESS	d when reinstating)	3/	D DIRECTO Change	PRS IN 12 Addition Addition
agent. 1 a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WILLIAMS, EDWIN L P.O. BOX 442 N/A MOUNT DORA FL 32756 D WILLIAMS, EDWIN L -P.O. BOX 442 N/A MOUNT DORA FL 32756	ent and true if applications (NOTE: Re ND DIRECTORS DELETE DELETE	pistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 3.4 CITY-S	ADDRESS -ZIP -ADDRESS -T-ZIP -ADDRESS -ADDRESS	d when reinstating)	3/	D DIRECTO Change Change	PRS IN 12 Addition Addition Addition
agent. 1 a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PVST WILLIAMS, EDWIN L P.O. BOX 442 N/A MOUNT DORA FL 32756 D WILLIAMS, EDWIN L -P.O. BOX 442 N/A MOUNT DORA FL 32756	ent and true if applicable (NOTE: Re ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE	ADDRESS -ZIP -ADDRESS -T-ZIP -ADDRESS -ADDRESS	d when reinstating)	3/	D DIRECTO Change	PRS IN 12 Addition Addition
agent. 1 a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PVST WILLIAMS, EDWIN L P.O. BOX 442 N/A MOUNT DORA FL 32756 D WILLIAMS, EDWIN L -P.O. BOX 442 N/A MOUNT DORA FL 32756	ent and true if applications (NOTE: Re ND DIRECTORS DELETE DELETE	gistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	ADDRESS -ZIP ADDRESS -ZIP ADDRESS T-ZIP	d when reinstating)	3/	D DIRECTO Change Change	PRS IN 12 Addition Addition Addition
agent. 1 a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PVST WILLIAMS, EDWIN L P.O. BOX 442 N/A MOUNT DORA FL 32756 D WILLIAMS, EDWIN L -P.O. BOX 442 N/A MOUNT DORA FL 32756	ent and true if applications (NOTE: Re ND DIRECTORS DELETE DELETE	pistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET	ADDRESS -ZIP ADDRESS -ZIP ADDRESS T-ZIP ADDRESS ADDRESS	d when reinstating)	3/	D DIRECTO Change Change	PRS IN 12 Addition Addition Addition
agent. 1 a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WILLIAMS, EDWIN L P.O. BOX 442 N/A MOUNT DORA FL 32756 D WILLIAMS, EDWIN L -P.O. BOX 442 N/A MOUNT DORA FL 32756	ent and title if applicable. (NOTE: Re ND DIRECTORS  DELETE  DELETE	pistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET 4.4 CITY-S 4.4 CITY-S	ADDRESS -ZIP ADDRESS -ZIP ADDRESS T-ZIP ADDRESS ADDRESS	d when reinstating)	3/	D DIRECTO Change Change Change	PRS IN 12 Addition Addition Addition Addition
agent. 1 a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PVST WILLIAMS, EDWIN L P.O. BOX 442 N/A MOUNT DORA FL 32756 D WILLIAMS, EDWIN L -P.O. BOX 442 N/A MOUNT DORA FL 32756	ent and true if applications (NOTE: Re ND DIRECTORS DELETE DELETE	pistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 4.3 STREET 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE	ADDRESS -ZIP ADDRESS -ZIP ADDRESS T-ZIP ADDRESS ADDRESS	d when reinstating)	3/	D DIRECTO Change Change	PRS IN 12 Addition Addition Addition
agent. 1 a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PVST WILLIAMS, EDWIN L P.O. BOX 442 N/A MOUNT DORA FL 32756 D WILLIAMS, EDWIN L -P.O. BOX 442 N/A MOUNT DORA FL 32756	ent and title if applicable. (NOTE: Re ND DIRECTORS  DELETE  DELETE	pistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	ADDRESS -ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	d when reinstating)	3/	D DIRECTO Change Change Change	PRS IN 12 Addition Addition Addition Addition
agent. 1 a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PVST WILLIAMS, EDWIN L P.O. BOX 442 N/A MOUNT DORA FL 32756 D WILLIAMS, EDWIN L -P.O. BOX 442 N/A MOUNT DORA FL 32756	ent and title if applicable. (NOTE: Re ND DIRECTORS  DELETE  DELETE	pistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 STREET	ADDRESS -ZIP -ADDRESS -T-ZIP -ADDRESS -T-ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	d when reinstating)	3/	D DIRECTO Change Change Change	PRS IN 12 Addition Addition Addition Addition
agent. 1 a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PVST WILLIAMS, EDWIN L P.O. BOX 442 N/A MOUNT DORA FL 32756 D WILLIAMS, EDWIN L -P.O. BOX 442 N/A MOUNT DORA FL 32756	ent and title if applicable. (NOTE: Re ND DIRECTORS  DELETE  DELETE	pistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	ADDRESS -ZIP -ADDRESS -T-ZIP -ADDRESS -T-ZIP -ADDRESS -ZIP -ADDRESS -ZIP -ADDRESS -ZIP	d when reinstating)	3/	D DIRECTO Change Change Change	PRS IN 12 Addition Addition Addition Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption state. (Sation 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 six 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 trusted enhancement of the exemption state. (Sation 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 same legal effect as if made under oath; that I am an officer or director of the corporation or the receivery or trusted enhancemental state. (Sation 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 same legal effect as if made under oath; that I am an officer or director of the corporation or the receivery or trusted enhancemental state. (Sation 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my same legal effect as if made under oath; that I am an officer or director of the corporation or the receivery or trusted enhancement in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receivery or trusted enhancement in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receivery or trusted enhancement in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receivery of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the same legal effect as if made under oath; that I am an officer or director CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90013 017 \*\*\*150.00