


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000100195 1. Corporation Name WILLIAM R. PURSELL, ESQ., INC.			
Principal Place of Business 1504 METROPOLITAN BLVD TALLAHASSEE FL 32317		Mailing Address 1504 METROPOLITAN BLVD TALLAHASSEE FL 32317	
2. Principal Place of Business 21 3832 Killbuck Court Suite, Apt. #, etc. _____ 22 City & State Tallahassee, FL Zip Country 32308		2a. Mailing Address 26 3832 Killbuck Court Suite, Apt. #, etc. _____ 27 City & State Tallahassee, FL Zip Country 32308	
9. Name and Address of Current Registered Agent PURSELL, WILLIAM R 1504 METROPOLITAN BLVD TALLAHASSEE FL 32317		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3832 Killbuck Court 83 84 City Tall. FL 85 Zip Code 32308	
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 <u>William R. Purcell</u> DATE <u>8/23/99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE Resident <input type="checkbox"/> DELETE NAME William R. Purcell STREET ADDRESS 3832 Killbuck Ct CITY-ST-ZIP Tallahassee, FL 32308		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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.			
SIGNATURE: <u>William R. Purcell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		REQUIRED <u>8/16/99</u> <u>850 894 8800</u> <small>Date Daytime Phone #</small>	

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90012 023 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1998

4. FEI Number

8-59-3544939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

CR2E034 (5/99)