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 # P98000103206

1. Corporation Name

BILL SHADDIX AGENCY, INC.

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Principal Place of Business Mailing Address					······································		 	/8 IIIII I:E:I oa	Tilp sill tası
1724 S. CONGRESS AVE 1724 S. CO		1724 S. CONGRESS AVE	CONGRESS AVE						
PALM SPRINGS FL 33461		PALM SPRINGS FL 33461				DO NOT WRI	TF IN THIS S	SPACE	
						3. Date Incorporated or Qualifed	16 11	11 7100	
						12/09/1998			ļ
Principal F	Place of Business	2a. Mailing Address				4. FEI Number	11.7	Ap	plied For
21 - Tillicipal F	MCC OF DOSINGSS	26				65-08816	42_		ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			······································	Total Delivery	- -	-\$8 . 75-	
22	., .	27				5. Certifcate of Status Desired		Fee Re	quired
City & Star	te	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Cou	untry		8. This corporation owes the curr	ent year Inta		
24	25	29	30			Personal Property Tax.		XYes	□No
	9. Name and Address of Curr	rent Registered Agent		T,		10. Name and Address of New F	Registered A	.gent	
A	Lamia 4544 A			81	Name				
	ODIX, WILLIAM A			82	Street Addres	ress (P.O. Box Number is Not Acceptable)			
	S. CONGRESS AVE			\sqcup					
PALN	A SPRINGS FL 33461			83					
				84	City	 		85 Zip (Code
					•		FL_		
11. Pursuant	to the provisions of Sections 607.0	1502 and 607.1508, Florida Statu	ites, the a	above-r	named corpo	ration submits this statement for the	purpose of o	hanging its	registered
office or a agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Florida. Such change was igations of, Section 607.0505, Fi	autnonzet Iorida Stat	០ by ធា tutes.	ie corporation	's board of directors. I hereby accep	of the abboni	.IIIciii as io	Bipresea
SIGNATURE	·								_
SIGNATORE	Signature, typed or printed name of registered a	agent and title if applicable. (NO?			signature required	<u> </u>	DATE		
12.	OFFICERS :	AND DIRECTORS	13.			. ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	D	☐ DELETE	1.1 73	πE	P			☐ Change	Addition
NAME	SHADDIX, WILLIAM A		1.2 N	JAME	l				I
STREET ADDRESS	1724 S. CONGRESS AVE								
CITY-ST-ZIP	PALM SPRINGS FL 33461		1.3 S	STREET A	DORESS				
TITLE					ł				
NAME				STREET AI	ł			Change	Addition
			1.4 CI	STREET AI CITY-ST-Z TITLE	ł			Change	Addition
STREET ADDRESS		☐ DELETE	1.4 CI 2.1 Π 2.2 N	STREET AI CITY-ST-Z TITLE	ZIP			Change	Addition
STREET ADDRESS CITY-ST-ZIP	~ .	☐ DELETE	1.4 CI 2.1 TI 2.2 N/ 2.3 SI	STREET AI CITY-ST-Z TITLE NAME	DORESS			Change	المستعدمت
	,	☐ DELETE	1.4 CI 2.1 TI 2.2 N/ 2.3 SI	STREET AL CITY-ST-Z TITLE NAME STREET AL	DORESS			☐ Change	Addition
CITY-ST-ZIP	,		1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C	STREET ALCITY-ST-Z TITLE NAME STREET ALCITY-ST-	DORESS				المستعددة
CITY-ST-ZIP	~ .		1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV	STREET ALCITY-ST-Z TITLE NAME STREET ALCITY-ST-	ZIP DDRESS ZIP				المستعددة
CITY-ST-ZIP TITLE NAME	~ .		1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV 3.3 S	STREET ALCITY-ST-Z TITLE NAME STREET ALCITY-ST- TITLE	ZIP ADDRESS ZIP ADDRESS				المستعددة
CITY-ST-ZIP TITLE NAME STREET ADDRESS	~ .		1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV 3.3 S	STREET ALCITY-ST-Z TITLE NAME STREET ALCITY-ST- TITLE NAME STREET ALCITY-ST-	ZIP ADDRESS ZIP ADDRESS				المستعددة
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE.

STREET ADDRESS

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.

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90264 016 ***150.00