

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 20, 1999 8:00 am
Secretary of State

04-20-1999 90283 036 ***150.00

DOCUMENT # S90532

1. Corporation Name

RAY WILSON OF CLEARWATER, INC.



Principal Place of Business

10758 3RD ST N
#E
ST PETERSBURG FL 33716
US

Mailing Address

10758 3RD ST N
#3
ST PETERSBURG FL 33716
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1991

4. FEI Number

59-3100038

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 Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 110 VILLAGE CT

2a. Mailing Address

26 110 VILLAGE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WINTER HAVEN, FL

City & State

28 WINTER HAVEN FL

Zip

24 33884

Country

25 US

Zip

29 33884

Country

30 US

9. Name and Address of Current Registered Agent

WILSON, RAY
10758 3RD ST N
#E
ST PETERSBURG FL 33716

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

110 VILLAGE CT

83

84 City

WINTER HAVEN

85 Zip Code

FL

33884

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PT
WILSON, RAY
10758 3RD ST N #E
ST PETERSBURG FL 33716

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VS
WILSON, CHARLOTTE
10758 3RD ST N #E
ST PETERSBURG FL 33716

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

110 VILLAGE CT
WINTER HAVEN, FL 33884

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

110 VILLAGE CT
WINTER HAVEN, FL 33884

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 all other like empowered.

SIGNATURE:

RAY WILSON

4/10/99 (941) 318-8463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #