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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000002959

L. R. WILLSON & SONS, INC.

L. R. WILL	SUN & SUNS, INC.		·							
Principal Place	of Business	Mailir	ng Address							
		P.O. B	BOX 227							
O. BOX 227 Ambrills MD 21054		GAMBRILLS MD 21054			DO NOT WRITE IN THIS SPACE					
							3. Date Incorporated or Qualife	d		٠
							06/25/1993			P. J. E
		2a. N	Mailing Address				4. FEI Number		<u> </u>	lied For
2. Principal Place of Business		26	⊢ ¬				52-0955711			Applicable
1]	nto .		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re	
Suite, Apt. #	, 810.	27								
City & State			City & State				6. Election Campaign Financin	g 🗆	\$5.00 Added to	
¬ '		28					Trust Fund Contribution			0.000
3	Country		Zip	$\overline{}$	intry		8. This corporation owes the c	urrent year li	ntangible ∐Yes	XINo
¬ '	25	29		30			Personal Property Tax. 10. Name and Address of New	v Registere		
4	9. Name and Address of Curre	nt Registe	ered Agent		1001	Name	IV. Name and Address of Ne	· AroBiotoro		
	And the second second	4. 1. 1.	No the Section		1	Name				
C.T.C	CORPORATION SYSTEM				82	Street Addr	ress (P.O. Box Number is Not Acce	eptable)	•	
1200	SOUTH PINE ISLAND ROAD						· in the second section (see	ini sani ja	e Este inia ieist	91 9 91
	TATION FL 33324				83		(1) 指導對議		[[]] [[]] [[]	
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					1 1		•	<u>_</u>	<u> </u>	registered
11. Pursuant to office or reagent. I are	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 60 e of Florida ations of,	17.1508, Florida Statu a. Such change was Section 607.0505, F	ites, the a authorize lorida Stat	above- ed by that tutes.	named corporati	poration submits this statement for ion's board of directors. I hereby ac	_	of changing its pointment as re	gistered
agent, 1 as	m. familiar with, and accept the oblig	ations of,	Section 607.0505, F	lorida Stat	tutes.		poration submits this statement for ion's board of directors. I hereby at the statement of	DATE	AND DIRECTO	ORS IN 12
signature	signature, typed or printed name of registered as	ations of,	Section 607.0505, F	TE: Registere	tutes.			DATE		
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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 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.

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90017 050 ***150.00