SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 3, 1995.
AMOUNT DUE ON OR BEFORE 8/3/95: $275 (IF RECEIVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 PM 12:20

DOCUMENT # **169640** **(0)**

1. Corporation Name

WILLIAMS ARMS, INC.

Principal Place of Business	Mailing Address
605 EAST MAIN ST PAHOKEE FL 33476	605 EAST MAIN ST PAHOKEE FL 33476

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/15/1952**
3a. Date of Last Report: **08/12/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **59-0236750** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMS,C E
989 EAST MAIN ST
PAHOKEE FL 33476

10. Name and Address of New Registered Agent

61 Name: Levins, Glenn J.
62 Street Address (P.O. Box Number is Not Acceptable): 2651 Bacom Point Road
63:
64 City: Pahokee **FL** 65 Zip Code: 33476

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: Glenn J. Levins — GLENN J. Levins — 8/1/95
(Signature, type or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	1.1 TITLE	PTC	☒ Change ☐ Addition
NAME	WILLIAMS, C E	1.2 NAME	Levins, Glenn J.	
STREET ADDRESS	989 EAST MAIN STREET	1.3 STREET ADDRESS	2651 Bacom Point	
CITY-ST-ZIP	PAHOKEE, FL 00000	1.4 CITY-ST-ZIP	Pahokee, FL 33476	
TITLE	VD	2.1 TITLE	VSD	☒ Change ☐ Addition
NAME	WILLIAMS, C E, III	2.2 NAME	Williams, Faye G	
STREET ADDRESS	1021 E. MAIN ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PAHOKEE, FL 00000	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	LEVINS, GLENN J	3.2 NAME		
STREET ADDRESS	2651 BACOM POINT RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	PAHOKEE, FL 00000	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, FAYE G	4.2 NAME		
STREET ADDRESS	989 EAST MAIN STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	PAHOKEE, FL 00000	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, DENISE V	5.2 NAME		
STREET ADDRESS	1021 E. MAIN ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	PAHOKEE, FL 00000	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Glenn J. Levins — GLENN J. Levins — 8/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0096290 CP