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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(8)

WILLIAMS NEW RIVER ACRES, INC.

FILED Jan 23 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | | | | | OFOCH OINST BIO | ill Bidit (OB) | |
|---|---|---------------------------|----------------------|--------------------|--------------|----------------------------------|--|--|-------------|-----------------|----------------|--|
| 29546 HIGHWAY 54 W 28546 HIGHWAY 54 W | | | | | | | | | | | | |
| ZEPHYRHILLS FL 33543 ZEPHYRHILLS FL 335 | | | | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | | | E IN THIS S | PACE | | |
| | | | | | | | | 3. Date Incorporated or Qualified 12/19/1953 | | | | |
| 2. Principal Place of Business 2a | | | | a. Mailing Address | | | | 4. FEI Number | | A | pplied For | |
| 21 | | | 26 | | | | | 59-0714742 | | | lot Applicable | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | \$8.75 | Additional | |
| 22 | | | 27 | | | | | 6. Certificate of Status Desired | | Fee R | equired | |
| City & Stat | Θ | City & State | | | | | 6. Election Campaign Financing | | | May Be | | |
| 23 | | | 28 | | | | Trust Fund Contribution | | | to Fees | | |
| Zip | Country | | | Zip Count | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | | |
| 24 25 29 29 9, Name and Address of Current Registered Agent | | | | | 30 | Personal Property Tax due June 3 | | | | | | |
| 14mi | | Tess of Current H | infligration wi | 34ur | | B1 | Name | 10. Name and Address of New A | ogistorou r | - Goilt | | |
| WILLIAMS, ARTHUR D | | | | | | | | | | | | |
| 29546 HWY. 54 WEST ZEPHYRHILLS FL 33543 | | | | | | 62 | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 20 | rniknikka ek 300 | 10 | | | | B3 | | | | - | | |
| | | | | | | | | | | | | |
| | | | | | | 84 | City | | FL | 85 Zip | Code | |
| 11. Pursuant | to the provisions of Se | ctions 607 0502 a | nd 607 1508 | Elorida Statut | es the a | bove | e-named corp | oration submits this statement for the | nurnose of | changing i | its registered | |
| office or r | egistered agent, or bo m familiar with, and ac | th, in the State of I | Florida, Such | rchange was a | authorize | d by | the corporati | ion's board of directors. I hereby acce | pt the app | sintment as | registered | |
| | m raminar with, ario at | cept the obligatio | ris or, section | H 607.0303, FR | Jilua Sia | iules | • | | | | | |
| SIGNATURE | Signature, typed or printed na | me of registered agent at | nd litle if applicab | le (NOT | E: Registere | d Age | nt eignature require | ed when reinstaling) | DATE | | ₁ | |
| 12. | | OFFICERS AND D | PIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OFFI | CERS AND | DIRECTOR | | |
| TITLE | PU | | | DELETE | 11 Ti | TLF | | | | Change | Addition 3 | |
| NAME | | | | 1.2 N | | | | | | | ; | |
| STREET ADDRESS | 29546 HWY 54 | | | | 1.3 S | TAEET | ADDRESS | | | | 1 | |
| CITY-ST-ZIP | ZEPHYRHILLS F | <u> </u> | | | | TY-S | T-ZIP | | | | | |
| TITLE | SID | | | ☐ DELETE | 21 Ti | | ļ | | | Change | ☐ Addition | |
| NAME | WILLIAMS, ANN | | | | 22 N | | | | | | | |
| STREET ADDRESS | 29546 HWY 54 1 | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | ZEPHYRHILLS F | <u> </u> | | | | 2. 4 CITY-ST-ZIP | | | | Change | Addition | |
| TITLE | LANIER, FRANC | E6 0 | | ☐ DELETE | 3170 | | | | | Change | L Vogition | |
| NAME | 29546 HWY 54 | | | | AME | PDDD100 | • | | | | | |
| STREET ADDRESS | ZEPHYRHILLS F | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | LLI ITTIIILLO T | <u> </u> | ··- | DELETE | 3.4. C | ••••• | IT - ZIP | | | Change | Addition | |
| TITLE NAME | | | | - DEFEIR | 4.1 II | | - | | | | | |
| · | | | | | | | ADDRESS | | | | | |
| STREET ADDRESS | | | | | 4 | ITY-S' | | | | | | |
| CITY-ST-ZIP TITLE | | | | DELETE | 5.1 TI | | 1-217 | | | Change | Addition | |
| NAME | | | | | 5.2 N | | | | | · | - | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | ITY-S | | | | | | |
| TITLE | | | | DELETE | 6.1 71 | | | | | Change | Addition | |
| NAME | | | | | 6.2 N | AME | | | | | | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | |
| City-ST-ZIP | | | | | | ITY-S | | | | | | |
| | partity that the informal | ion eupplied with | this filing doc | s not qualify for | | | | Section 119 07(3)(i) Florida Statutes | Lfurther ce | rtify that the | e information | |

Indicated on this annual report or supplied wire missining does not quality for me exemption stated in Section 119.07(3)). Florida Statutes. I further certify that the information indicated on this annual report is 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.