

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

001220X

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90146 035 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000006021**

1. Corporation Name  
**WILLIAMS ENGINEERING, INC. OF GEORGIA**



Principal Place of Business 2075 WEST PARK PLACE STONE MOUNTAIN GA 30087	Mailing Address C/O IVOR LONGO, ESQ. 2076 WEST PARK PLACE STONE MOUNTAIN GA 30087
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/11/1995</b>	
21	22	26	27	4. FEI Number <b>58-2203739</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	28	29	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	BURGESS, BRETT A	
STREET ADDRESS	2075 W. PARK PLACE	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TAYLOR, LOWELL	
STREET ADDRESS	2076 W. PARK PLACE	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, VIRGIL R	
STREET ADDRESS	2076 WEST PARK PLACE	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JOHNSON, M J	
STREET ADDRESS	500 CHASE PARK SOUTH, SUITE 150	
CITY-ST-ZIP	BIRMINGHAM AL 35244	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	TUCKER, M ALLEN	
STREET ADDRESS	1550 PUMPHREY AVENUE	
CITY-ST-ZIP	AUBURN AL 36830	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** \_\_\_\_\_ **SIGNATURE REQUIRED** 4/29/99 Date 770-879-4107 Daytime Phone #

CR2E034 (1/198)