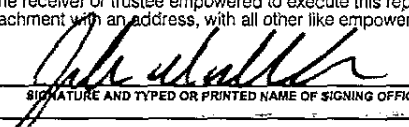


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F97638 1. Entity Name WILLIAMS, GAUTIER, GWYNN & DELOACH, P.A.			
Principal Place of Business 2010 DELTA BOULEVARD P O BOX 4128 TALLAHASSEE, FL 32303 US		Mailing Address 2010 DELTA BOULEVARD P O BOX 4128 TALLAHASSEE, FL 32303 US	
DO NOT WRITE IN THIS SPACE			
		04182006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2213062	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SORENSEN, JAMES E 2010 DELTA BLVD TALLAHASSEE, FL 32303		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		U00000520433 05/02/06-80094-016 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PD	DO NOT WRITE IN THIS SPACE	
NAME	WILLIAMS, L. LEE, JR.		
STREET ADDRESS	2010 DELTA BOULEVARD		
CITY-ST-ZIP	TALLAHASSEE, FL		
TITLE	VPD		
NAME	WILLIAMS, F. PALMER		
STREET ADDRESS	2010 DELTA BOULEVARD		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		
TITLE	VD	DO NOT WRITE IN THIS SPACE	
NAME	GAUTIER, RUSSELL D		
STREET ADDRESS	2010 DELTA BOULEVARD		
CITY-ST-ZIP	TALLAHASSEE, FL		
TITLE	VD		
NAME	GWYNN, GEORGE H		
STREET ADDRESS	2010 DELTA BLVD.		
CITY-ST-ZIP	TALLAHASSEE, FL		
TITLE	VTD	DO NOT WRITE IN THIS SPACE	
NAME	DELOACH, JOHN H		
STREET ADDRESS	2010 DELTA BLVD.		
CITY-ST-ZIP	TALLAHASSEE, FL		
TITLE	VSD		
NAME	SORENSEN, JAMES E		
STREET ADDRESS	2010 DELTA BLVD		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		JOHN H. DeLoach 4-18-06 380-3300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	