

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Munford
Secretary of State
Division of Corporations

APPROVED
AND
FILED

SE MAY 15 AM 9:15

SECRET OF OFFICE
TALLAHASSEE, FLORIDA

DOCUMENT # **H50493**

(6)

1. Corporation Name:

WILLIAMS RESOURCE GROUP, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 900 US HWY 1
STE 105
JUPITER FL 33477
US

Mailing Address: 900 U S HWY 1
105
JUPITER FL 33477
US

3. Date Incorporated or Qualified: **03/31/1985**
3a. Date of Last Report: **05/01/1994**
4. FCI Number: **59-2534298**
Applied For: ☐
Not Applicable: ☐
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing: ☐ **\$5.00 May Be Added to Fees**
7. This Corporation has liability for intangible tax under s. 195.034, Florida Statutes: ☒ Yes ☐ No

2. Principal Place of Business: 21. 3727 SE Ocean Blvd.
Suite, Apt. # etc.:
22. Suite 206
City & State:
23. Stuart, FL
24. 34996
25. US
26. 3727 SE Ocean Blvd.
Suite, Apt. # etc.:
27. Suite 206
City & State:
28. Stuart, FL
29. 34996
30. US

9. Name and Address of Current Registered Agent

WILLIAMS, RICHARD H.
900 U S HWY 1
105
JUPITER FL 33477

10. Name and Address of New Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **3727 SE Ocean Blvd.**
83. Suite 206
84. City: **Stuart**
85. Zip Code: **FL 34996**

11. Pursuant to the provisions of Sections 605.01 and 605.1505, Florida Statutes, the above named corporation supports this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. No change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am licensed with and accept the obligations of the Secretary of State, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required when changing agent)

Signature of Secretary of State (Required when changing agent)

12. OFFICERS AND DIRECTORS
NAME: **P WILLIAMS, RICHARD H.**
STREET ADDRESS: **815 MACARTHUR BLVD.**
CITY: **STUART FL**
NAME: **VS WILLIAMS, YVONNE**
STREET ADDRESS: **5215 SE SWEETBRIER TERR**
CITY: **HOBE SOUND FL**
NAME: **T WILLIAMS, SUZANNE**
STREET ADDRESS: **6254 SE MONTICELLO TERR**
CITY: **HOBE SOUND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME: ☐ Change ☐ Addition
2. NAME: ☐ Change ☐ Addition
3. NAME: ☐ Change ☐ Addition
4. NAME: ☐ Change ☐ Addition
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18. NAME: ☐ Change ☐ Addition
19. NAME: ☐ Change ☐ Addition
20. NAME: ☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in s. 195.034, Florida Statutes. I further certify that the information included on this annual report or supplementary 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 make this report as required by Chapter 605, Florida Statutes, and that my name appears on Block 1, or Block 13 if changed, on an attachment with an address.

SIGNATURE: *Yvonne Williams* Yvonne Williams

4/17/95 (407) 288-5001