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CORPORATION WILL BE DISSOLVED IF THIS REPORT IS NOT FILED BY NOV. 16, 1987

CORPORATION
ANNUAL REPORT
1987



FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

1987 SEP -9 AM 2:02

RECEIVED
CORPORATION DIVISION
SEP 11 1987

Read Notice and Instructions on Other Side Before Making Entries
Fee of \$25 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office.

H51647
JORDAN (WILLIAM R.), INC.
c/o SHAWN G. RADER
215 NORTH EOLA DRIVE
ORLANDO, FL 32801

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address #1

P.O. Box No. #2

City and State #3

3. Date Incorporated or Qualified To Do Business in Florida 04/10/1985

4. Federal Employer Identification Number (FEIN) 59-2548497

5. Date of Last Report 06/16/1986

6. Name and Street Addresses of Each Officer and Director, as of December 31, 1986

1. Name of Officers and Directors	2. Title	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
JORDAN, WILLIAM R.	PRESIDENT	1845 CROWLEY CIRCLE	LONGWOOD, FL.
E. KEITH RICHARDSON	SECRETARY	6901 E. Independence Blvd.	Charlotte, NC

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

RADER, SHAWN G.
215 NORTH EOLA DRIVE
ORLANDO, FL 32801

8. Name and Address of New Registered Agent

Name #1

Street Address 1 (Do NOT Use P.O. Box Number) #2

Street Address 2 (Do NOT Use P.O. Box Number) #3

City and State #4

FL.

Zip Code #5

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.326 F.S.

SIGNATURE _____
(Registered Agent Accepting Appointment)

DATE _____

Each additional fee required for additional agent changes.

10. See signature restrictions under instructions on reverse side of this form

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.
(Officer signing must be noted in Block 6)

Signature of Officer	Date
E. Keith Richardson	8/27/87
Title	Telephone Number
Secretary	(704) 535-6898

11. Do you desire a certificate of status with the box.

CERTIFICATE OF STATUS DESIRED ☐

\$5 Additional fee required for a Certificate of Status

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