SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL -5 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **230636** **(3)**

1. Corporation Name
JOHN WILLIAMS, INC.

Principal Place of Business
4565 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

Mailing Address
4565 PONCE DE LEON BLVD.
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/30/1959**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
24 25 29 30

4. FEI Number: **59-0935004** — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. [illegible] ☐ **$5.00** May Be Added to Fees
8. [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GANTT, RAGAN, CPA
8220 SUNSET DRIVE
S. MIAMI FL 33143

10. Name and Address of New Registered Agent
81 Name
82 [illegible] (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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 agree to comply with the provisions of Section 607.0505, Florida Statutes.
SIGNATURE
[illegible] Registered Agent [illegible] Registered Agent [illegible]

12. OFFICERS AND DIRECTORS
PVST
FRASER, SONJA
531 NIGHTINGALE
MIAMI SPRINGS FL 33166

13. [illegible] ☐ Change ☐ Add/Del

14. I hereby certify that the information supplied with this form is accurately transcribed and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information contained on this annual report or supplemental annual report is true and accurate and that my signature (if I am the sole officer or director) or the signature of an officer or director of the corporation or the licensee 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 is an attachment with an address.

SIGNATURE: Sonja Fraser SONJA FRASER 6/21/95 305 461 3170
SIGNATURE AND TYPED OR PRINTED NAME OF LEGAL OFFICER OR DIRECTOR — Date — Daytime Phone
President

CR2E034 (3/95)

004870 CP