

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **233107** (2)

1. Corporation Name
WILLIAMS COMPANY OF ORLANDO, INC.

Principal Place of Business
**2301 SILVER STAR ROAD
ORLANDO FL 32804**

Mailing Address
**2301 SILVER STAR ROAD
ORLANDO FL 32804**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/09/1960	
21 Suite, Apt #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt #, etc.	26 City & State
27 Zip	28 Country	29 Zip	30 Country	4. FEI Number 59-0884225	Applied For <input type="checkbox"/> Not Applicable
g. Name and Address of Current Registered Agent WILLIAMS, BRUCE E. 2301 SILVER STAR ROAD ORLANDO FL 32804				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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.				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	V
NAME	WILLIAMS, ALAN R.	1.2 NAME	Rosser L Pace
STREET ADDRESS	3209 MIDDLESEX RD	1.3 STREET ADDRESS	880 Brighton Place Blvd
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Kissimmee, Florida 34744
TITLE	V	2.1 TITLE	V
NAME	LIPSCOMB, ROBERT	2.2 NAME	Richard C. Alexander
STREET ADDRESS	1819 S. EOLA DR.	2.3 STREET ADDRESS	344 Hampton Hills Court
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Debarry, Florida 32713
TITLE	V	3.1 TITLE	V
NAME	JENNY, PAUL L.	3.2 NAME	Janice Thomas-Lowery
STREET ADDRESS	13707 BL. LAGOON DR.	3.3 STREET ADDRESS	11011 Groveshire Court
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Ocoee, Florida 34761
TITLE	PTD	4.1 TITLE	
NAME	WILLIAMS, BRUCE E.	4.2 NAME	
STREET ADDRESS	1407 SOVEREIGN COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	HAMMOND, ADRAIN G.	5.2 NAME	
STREET ADDRESS	4472 FAIRVIEW AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	QUARLES, MICHAEL	6.2 NAME	
STREET ADDRESS	4112 TYNDALE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	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 its 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.

SIGNATURE:

Alan R. Williams

407/295-2530

CR2E034 (10/97)