

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 233107

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90074 016 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1960

4. FEI Number

59-0884225

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, BRUCE E.
2301 SILVER STAR ROAD
ORLANDO FL 32804

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

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
NAME WILLIAMS, ALAN R.
STREET ADDRESS 3209 MIDDLESEX RD
CITY-ST-ZIP ORLANDO FL

1.1 TITLE VP/CONTROLLER
1.2 NAME JANICE M. THOMAS-LOWERY
1.3 STREET ADDRESS 8831 ELLIOTS COURT
1.4 CITY-ST-ZIP ORLANDO, FL 32836

TITLE V
NAME LIPSCOMB, ROBERT
STREET ADDRESS 1819 S. EOLA DR.
CITY-ST-ZIP ORLANDO FL

2.1 TITLE SR VP/C.O.O.
2.2 NAME LIPSCOMB, ROBERT W.
2.3 STREET ADDRESS 1831 BIMINI DRIVE
2.4 CITY-ST-ZIP ORLANDO, FL 32806

TITLE V
NAME JENNY, PAUL L.
STREET ADDRESS 13707 BL. LAGOON DR.
CITY-ST-ZIP ORLANDO FL

3.1 TITLE VP
3.2 NAME ROLLINS, CHRIS W.
3.3 STREET ADDRESS 270 EAGLE KNOB POINTE
3.4 CITY-ST-ZIP LAKE MARY, FL 32746

TITLE PTD
NAME WILLIAMS, BRUCE E.
STREET ADDRESS 1407 SOVEREIGN COURT
CITY-ST-ZIP ORLANDO FL

4.1 TITLE PTD
4.2 NAME WILLIAMS, BRUCE E.
4.3 STREET ADDRESS 2301 SILVER STAR ROAD
4.4 CITY-ST-ZIP ORLANDO, FL 32804

TITLE V
NAME PACE, R L
STREET ADDRESS 880 BRIGHTON PL BLVD
CITY-ST-ZIP KISSIMMEE FL 34744

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE V
NAME ALEXANDER, R C
STREET ADDRESS 344 HAMPTON HILLS CT
CITY-ST-ZIP DEBARY FL 32713

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 the 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)