

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 274485

(2)

1. Corporation Name

WILLIAMS AND ROWE CO.

Principal Place of Business

5215 HIGHWAY AVE
JACKSONVILLE FL 32254
US

Mailing Address

5215 HIGHWAY AVE
JACKSONVILLE FL 32254
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/08/1963

3a. Date of Last Report

04/05/1994

4. FEI Number

59-1026607

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

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

TAYLOR, JAMES S
550 FLA NATIONAL BANK BLD
JACKSONVILLE FL

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

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 & expiration

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

V

NAME

WILLIAMS, JOHN R, JR

STREET ADDRESS

6066 MEGELLAN RD

CITY - ST - ZIP

JACKSONVILLE, FL 0

TITLE

S

NAME

WILLIAMS, JANET E

STREET ADDRESS

8206 METTO RD

CITY - ST - ZIP

JACKSONVILLE, FL 0

TITLE

D

NAME

WILLIAMS, JANET E

STREET ADDRESS

8206 METTO RD

CITY - ST - ZIP

JACKSONVILLE, FL 0

TITLE

PD

NAME

WILLIAMS, JOHN R

STREET ADDRESS

8206 METTO RD

CITY - ST - ZIP

JACKSONVILLE, FL 0

TITLE

V

NAME

WILLIAMS, RONALD D.

STREET ADDRESS

10079 PEEBLE RIDGE DR. N

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 in the report, or on an attachment with an address.

SIGNATURE: X

Janet E. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-95

904-387-2333

Date

Daytime Phone #