

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90151 015 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 274485**

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
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26 Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Incorporated or Qualified <b>10/08/1963</b>
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4. FEI Number <b>59-1026607</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WILLIAMS, JANET E.**  
**5515 HIGHWAY AVENUE**  
**JACKSONVILLE FL 32254**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOHN R, JR	1.2 NAME	
STREET ADDRESS	6066 MEGELLAN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 0	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JANET E	2.2 NAME	
STREET ADDRESS	8947 SNELGROVE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 0 32220	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JANET E	3.2 NAME	
STREET ADDRESS	8947 SNELGROVE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 0 32220	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOHN R	4.2 NAME	
STREET ADDRESS	8206 METTO RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 0	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, RONALD D.	5.2 NAME	
STREET ADDRESS	10079 PEEBLE RIDGE DR. N	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.073(1), 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: \_\_\_\_\_ DATE: **4/23/99** DAYTIME PHONE #: **(904) 387-2333**

CR2E034 (1/98)