

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

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

04-29-1999 90151 015 ***150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1963

4. FEI Number
59-1026607

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

WILLIAMS, JANET E.
5515 HIGHWAY AVENUE
JACKSONVILLE FL 32254

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE V
NAME WILLIAMS, JOHN R, JR
STREET ADDRESS 6066 MEGELLAN RD
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE S ☐ DELETE
NAME WILLIAMS, JANET E
STREET ADDRESS 8947 SNELGROVE RD
CITY-ST-ZIP JACKSONVILLE, FL 0 32220

TITLE D ☐ DELETE
NAME WILLIAMS, JANET E
STREET ADDRESS 8947 SNELGROVE RD
CITY-ST-ZIP JACKSONVILLE, FL 0 32220

TITLE PD ☐ DELETE
NAME WILLIAMS, JOHN R
STREET ADDRESS 8206 METTO RD
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE V ☐ DELETE
NAME WILLIAMS, RONALD D.
STREET ADDRESS 10079 PEEBLE RIDGE DR. N
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

S Kelly, Karen
8934 Snellgrove Avenue E
Jacksonville FL 32220

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 a other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: OR DIRECTOR

Date

Daytime Phone #

4/23/99

(904) 387-2333

CR2E034 (1/98)

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