2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 274485

Entity Name: WILLIAMS AND ROWE CO.

FILED May 19, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5215 HIGHWAY AVE JACKSONVILLE, FL 32254 US **Current Mailing Address: New Mailing Address:** 5215 HIGHWAY AVE JACKSONVILLE, FL 32254 US FEI Number: 59-1026607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HART, VICKIE L KELLY, KAREN L 5215 HIGHWAY AVENUE 5215 HIGHWAY AVENUE JACKSONVILLE, FL 32254 US JACKSONVILLE, FL 32254 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: KAREN KELLY 05/19/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WILLIAMS, JOHN R, JR, Name: Name: 6066 MEGELLAN RD Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: WILLIAMS, JANET E. Name: 8947 SNELLGROVE RD Address: Address: JACKSONVILLE, FL 32220 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition WILLIAMS, JANET E, Name: Name: 8947 SNELLGROVE RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32220 City-St-Zip: Title: PD () Delete Title: () Change () Addition WILLIAMS, JOHN R, Name: Name: Address: 8206 METTO RD Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KAREN KELLY SEC 05/19/2003

KELLY, KAREN

8939 SNELLGROVE AVENUE E

JACKSONVILLE, FL 32220

Name:

Address: City-St-Zip: