**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 415995 1. Corporation Name

ROBERT WILLIAMS ENTERPRISES INC

HODEIII	WILLIAMS ENTEN MOES								
Principal Place	of Business	Mailing Address	•		İ	•			
508 SEMINOLE LAKE BLVD.		P.O. BOX 1086	P.O. BOX 1086						
		PLANT CITY FL 33564				DO NOT W	DITE IN THE	CDACE	
	•						RITE IN THIS	SPACE	
	•					<ol> <li>Date Incorporated or Qualife 01/02/1973</li> </ol>	3Q		-
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	plied For
2		26				59-1438286			t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	1
22		27			. ]	5. Certificate of Status Doorse		Fee Re	equired
City & State	e	City & State	-			6. Election Campaign Financin	¹g □		May Be.
23		28			.1	Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the c	urrent year Int	angible	_
<del></del> -	25	29	30			Personal Property Tax.		Yes	□No
24	9. Name and Address of Curren		<u> </u>			10. Name and Address of New	w Registered	Agent	
<del>-</del>			8	1 Nam	e	•			ļ
PRIEST, R. J.		8	2 Stree	et Addres	s (P.O. Box Number is Not Acce	eptable)	<del></del>		
205 SEMINOTE TV DEAD		\$\$ **	- L			AR SER ALL DRIVE CONTROL	* 1 p k is	1 2 1 100 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
PLAN	NT CITY FL 33567		8	3			2. 68. (計算) 3.00 (計算)		
			8	4 City			**************************************	85 Zip	Code
	* *		10				FI	_   `   `	
	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.				ed corpora rporation	ation submits this statement for s board of directors. I hereby ac	the purpose of cept the appoi	changing its intment as re	registered egistered
office or reagent. I a	egistered agent, or both, in the State in familiar with, and accept the obligation of the state	tions of, Section 607.0505, Flor	rida Statute	es.	, poi a la com		DATE	ND DIRECT	ORS IN 12
office or reagent. I a	registered agent, or both, in the State im familiar with, and accept the obligat  Signature, typed or printed name of registered ager  OFFICERS AN	nt and title if applicable.  (NOTE:	rida Statute	ent signatu	, poi a la com	rhen reinstating)	DATE	,i j ! ;	
office or ragent. I all SIGNATURE	egistered agent, or both, in the State im familiar with, and accept the obligation of sugaranters agent of sugaranters by the state of sugaranters agent of	nt and title if applicable.  (NOTE:	Registered A	ent signatu	, poi a la com	rhen reinstating)	DATE	ND DIRECT	ORS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	vSignature, typed or printed name of registered agent, or both, in the State in familiar with, and accept the obligation of the obligation	nt and title if applicable.  (NOTE:	Registered Ar 13. 1.1 TITLE	ent signatu	re required w	rhen reinstating)	DATE	ND DIRECTO	DRS IN 12
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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.

6.4 CITY-ST-ZIP

STREET ADDRESS

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90030 049 \*\*\*150.00