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

Block 12 or Block 13 if changett, or on an attachment with an address.

FILED PROFIT Mar 31 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (3) WILLIAMSON INVESTMENT CO. Principal Place of Business Mailing Address 4012 SAN SERVERA DRIVE NORTH 4012 SAN SERVERA DRIVE NORTH JACKSONVILLE FL 32217 JACKSONVILLE FL 32217 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/12/1973 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 9511 WHITTINGTON DR, 26 9511WHITTINGTON DR 59-1496024 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be JA UKSONVILLE FL JACKSON VILLE 23 Trust Fund Contribution 28 Added to Fees Country Country This corporation owes or has paid the current year Intangible DUVAL Yes DUVAL 25 □ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MAXWELL (RONALD W.) Name 4811 ATLANTIC BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 83 64 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 (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change TITLE DELETE ___ Addition 1.1 TITLE WILLIAMSON JAMES H. JR. 9511 WHITTING TON DR WILLIAMSON, JAMES H., JR NAME 1.2 NAME 4487 BARKOSKI RD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL. JACKSONVILLE FL 3225 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition WILLIAMSON, RICHARD W. NAME 2.2 NAME 8447 SAN ARDO DRIVE STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL. CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition THOMPSON, DAVID G. (MRS) NAME 32 NAME RT 2 BOX 330 STREET ADDRESS 3.3 STREET ADDRESS EASILY S.C. CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 119.07(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