FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

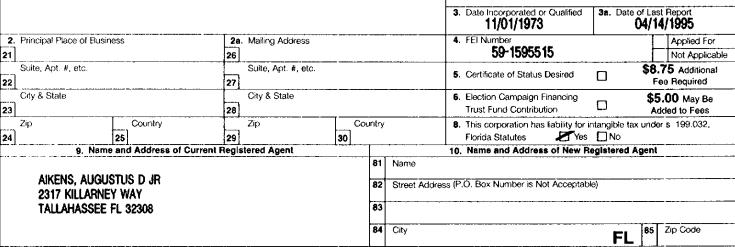
DOCUMENT # Corporation Name

(4)

WILL	PMAI	I FARNINGTREE	INCORPORATED

Principal Place of Business Mailing Address 1900 CAPITAL CIRCLE, N.E., TALLAHASSEE FL 32308

1800 CAPITAL CIRCLE, N.E., TALLAHASSEE FL 32308



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 tire 4 applicable. (NOTE Registered Agent signature required when reinstating): DATE On the designature required when reinstating in the designature required when respectively in the designature required when res						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1. 1 TITLE	Change Addition		
NAME	WILLIAMS, DOLLIE M		1.2 NAME			
STREET ADDRESS	2009 BROAD ST.		1.3 STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP			
TITLE	VP	DELETE	2 1 TATLE	☐ Change ☐ Addition		
NAME	WILLIAMS, C B III		2 2 NAME			
STREET ADDRESS	6003 PICKWICK ROAD		2 3 STHEET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL		24 CITY-ST-ZIP			
TITLE		☐ DELETE	3 1 TITLE	Change Addition		
NAME	WILLIAMS, R E		3.2 NAME			
STREET ADDRESS	2009 BROAD ST.		3.3. STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY - ST - ZIP			
TITLE		☐ DEFELE	4. 1 TITLE	Change Addition		
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - S1 - ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5. 1 TITLE	Change Addition		
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - 2IP			
THTLE		☐ DELETE	6. 1 TITLE	☐ Change ☐ Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6 4 City - St - Zip			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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

- C.B. Williams, III

904-878-2632

CR2E034 (12/95)