

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:29

DOCUMENT # 481361

(4)

1. Corporation Name

THOMAS B. WILLIAMS M.D., P.A.

Principal Place of Business

1717 NORTH E ST.
SUITE 221
PENSACOLA FL 32501

Mailing Address

1717 NORTH E ST.
SUITE 221
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1975

3a. Date of Last Report

04/11/1994

4. FBI Number

59-1615105

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. The corporation has liability for intangible tax under S. 199 (32),
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

State Apt # etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State Apt # etc

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, THOMAS B
1717 N.E. ST., SUITE 221
PENSACOLA FL 32501

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 (hand or printed name of registered agent and title if applicable)

(86) (87) Registered Agent Signature (signature required when naming agent)

(88)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WILLIAMS, THOMAS B
STREET ADDRESS	1717 NE ST STE. 221
CITY - ST - ZIP	PENSACOLA FL
TITLE	VD
NAME	BONDURANT, ROBERT E
STREET ADDRESS	1717 NE ST STE. 221
CITY - ST - ZIP	PENSACOLA FL
TITLE	STD
NAME	WILLIAMS, CATHERINE J.
STREET ADDRESS	1717 N. E. ST. SUITE 221
CITY - ST - ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 Tax law 119 (17C 916), 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 liquidator 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.

SIGNATURE: Catherine Williams

CATHERINE J. WILLIAMS

1/13/95 904-432-5147

SIGNATURE AND TYPED IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number