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 #

482901

(6)

WILLIAMS CONSTRUCTION OF LAKELAND, INC.				
	2MALLIW	CONSTRUCTION	UE LAKELAND	INC

SIGNATURE: LONNE E. WILLIAMS

Principal Place 3823 ERIC CT. LAKELAND FL		Mailing Address 3823 ERIC CT, LAKELAND FL 33803				
				 Date Incorporated or Qualified 08/14/1975 	3a. Date of Last Report 05/01/1995	
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-1614475	Not Applicat	ole
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in		
24	25	29	30	Florida Statutes Yes		
	g. Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New Ro	gistered Agent	
1470 1 14440	N LONNIE E					
3823 ERI	S, LONNIE E.		82 Street Addr	ress (P.O. Box Number is Not Acceptabl	э)	
	D FL 33813		83			
DANCEAR	D 1 L 33013		[55]			
			84 City		FL 85 Zip Code	
or registere familiar with SIGNATURE	ed agent, or both, in the State of Floric n, and accept the obligations of, Secti	la. Such change was authorize on 607.0505, Florida Statut	ed by the corporation's boar	ration submits this statement for the purp rd of directors. I hereby accept the appo	ose of changing its registered of intment as registered agent. I am	fice
12.	OFFICERS AND		TE: Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIDECTORS IN 12	\$∂
TITLE	P	DELETE	1 1 TITLE	ADDITIONS/OFFANGES TO OFFE	Change Additio	<u>, </u>
NAME	WILLIAMS, LONNIE E		1.2 NAME			CR2E034 (12/95)
STREET ADDRESS	3823 ERIC CT		1.3 STREET ADDRESS			
City-ST-ZIP	LAKELAND FL		1.4 CiTY-ST-ZiP			띯
TITLE	v	☐ DELETE	2 1 TITLE		Change Additio	,n 5
NAME	WILLIAMS, SANDRA L.		2.2 NAME			
STREET ADDRESS	3823 ERIØ CT.		2 3 STREET ADDRESS			
C:1Y - S1 - ZIP	LAKELAND FL		24 CITY-ST-ZIP			
TILE		DELETE	3 1 TITLE		Change Additio	n
NAME			3.2 NAME			
STREET ADDRESS			3 3. STREET ADDRESS			
C/1Y+ST+Z/P		E bei the	3.4 CITY - ST - ZIP			
TITLE		☐ DELETE	4. 1 TITLE		Change Additio	in
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
Crty-St-ZiP		☐ DELETE	4.4 CITY - ST - ZIP		Change Additio	
TITLE NAME		☐ Millie	5. 1 TITLE 5.2 NAME		Chounde Chympin	""
STREET ADDRESS			5.3 STREET ADDRESS			
C-TY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6. 1 TITLE		Change Additio)n
NAME			6.2 NAME		the second	
STREET ADDRESS			6.3 STREET ADDRESS			
C:TY-ST-ZIP			6.4 CITY - ST - ZIP			
14. I do hereby certify that oath; that I	the information indicated on this annu	at report or supplemental anni ration or the receiver or trusted	ished and does not qualify full transfer is true and accurate empowered to execute this	for the exemption stated in Section 119.6 ate and that my signature shall have the sis report as required by Chapter 607, Floring the state of the s	same legal effect as if made unde	er

Jellus 4/27/86 (94) 644-8908