

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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90060 043 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 520943

1. Corporation Name  
ROLAND E. WILLIAMS, JR., P.A.

Principal Place of Business 233 EAST BAY STREET SUITE 601 JACKSONVILLE FL 32202-0449	Mailing Address 233 EAST BAY STREET SUITE 601 JACKSONVILLE FL 32202-0449
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1976

4. FEI Number

59-1706455

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. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business 21 122 15th AVE N Suite, Apt. #, etc. 22 TWO City & State 23 JACKSONVILLE BEACH Zip 24 32250- Country 25	2a. Mailing Address 26 122 15th AVE N. Suite, Apt. #, etc. 27 TWO City & State 28 JACKSONVILLE BEACH Zip 29 32250- Country 30
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9. Name and Address of Current Registered Agent

WILLIAMS, ROLAND E JR  
233 E BAY ST BLACKSTONE BLDG  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name ROLAND E WILLIAMS JR	82 Street Address (P.O. Box Number is Not Acceptable) 122 15th AVE N. #2	83	84 JACKSONVILLE BEACH FL	85 Zip Code 32250-7301
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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)

DATE

11/6/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROLAND E., JR.	1.2 NAME	
STREET ADDRESS	233 E BAY 601 BLKSTN BG	1.3 STREET ADDRESS	122 15th AVE N #2 7301
CITY-ST-ZIP	JACKSONVILLE, FL 0	1.4 CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250-
TITLE	<del>PRES</del> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>ROLAND E WILLIAMS JR</del>	2.2 NAME	
STREET ADDRESS	<del>122 15th AVE N #2</del>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<del>JACKSONVILLE BEACH FL</del>	2.4 CITY-ST-ZIP	
TITLE	<del>32250-7301</del> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/6/99 (404) 241-1900

CR2E034 (11/98)