FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **638591** **(8)**

1. Corporation Name

KENNETH C. WILLIAMS INC.

Principal Place of Business	Mailing Address
3361 CRAWFORDVILLE HWY P O BOX 658 CRAWFORDVILLE FL 32327 US	U S HIGHWAY 319 SOUTH P O BOX 658 CRAWFORDVILLE FL 32326 US

3. Date Incorporated or Qualified: **10/04/1979**

3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business
21: 3361 Crawfordville Hwy
22: Suite, Apt. #, etc.
23: City & State: Crawfordville FL
24: Zip: 32327
25: Country: Wakulla

2a. Mailing Address
26: 3361 Crawfordville Hwy
27: Suite, Apt. #, etc.
28: City & State: Crawfordville FL
29: Zip: 32327
30: Country: Wakulla

4. FEI Number: **59-1943383** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

WILLIAMS, KENNETH C.
U.S. HIGHWAY 319 SOUTH
CRAWFORDVILLE FL 32327

10. **Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 3361 Crawfordville Hwy

83

84 City: Crawfordville **FL** 85 Zip Code: 32327

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 _____ (NOTE: Registered Agent signature required when changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, KENNETH C.		1.2 NAME		
STREET ADDRESS	55 CREEK ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, JANICE		2.2 NAME		
STREET ADDRESS	55 CREEK ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-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-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: Janice E. Williams Janice E. Williams 1/16/96 904-926-7833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #