PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90070 004 ***150.00

DOCUMENT #	681609
4. Competition Name	001000

1. Corporatio	MEN # 681609						
	N WILLIAMS' ENTERPRISES	, INC.					
Principal Plac	e of Business	Mailing Address				BIRIK BIRIK BIRIK B	100 0100 000
•		1711 THOMAS DRIVE					
1711 THOMAS DRIVE 1711 THOMAS DRIVE PANAMA CITY BEACH FL 32408 US US		2408		DO NOT WRITE IN THE	S SPACE		
US		00			3. Date incorporated or Qualifed		
					08/08/1980		
Principal Place of Business 2a. Mailing Address			-		4. FEI Number	App	otied For
26		<u>-</u>		59-2007984		Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City.& Stat	0	City & State		م ما الما الما الما	6. Election Campaign Financing	\$5:00	May Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country 25	Zip	Countr	у	This corporation owes the current year is Personal Property Tax.		□No ·
24	9. Name and Address of Curren		<u>, , , , , , , , , , , , , , , , , , , </u>	-	10. Name and Address of New Registered	i Agent	
· · · · ·	o. Hallo dita Address of Parts	ii n-grana a a gana	81	Name			
WILL	LIAMS, HARRY M.		<u> </u>	1 00	(D.O. Boy Number in Not Accountable)		
220) magnolia drive		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
PAN	IAMA CITY BEACH FL 32408		83	3			
			84	City		85 Zip C	ode
				1	poration submits this statement for the purpose		
SIGNATURE	Signature, typed or private name of registered ager OFFICERS AN	al and little of applicable. (NOTE: I	epistered Age	ent signeture require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	WILLIAMS, HARRY M.		1.2 NAME				
STREET ADDRESS	2200 MAGNOLIA DR.		1.3 STREE	ETADORESS			
CITY-ST-ZIP	PANAMA CITY BCH FL		14 CITY-:	\$T-ZIP			
TITLE	ST	DELETE	2.1 TITLE			Change	Addition
NAME	WILLIAMS, VIOLA M.		22 NAME				
STREET ADDRESS	•		2.3 STREE	TADDRESS			
CITY-ST-ZIP	PANAMA CITY BCH FL		2.4 CITY-	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE			. ∩ ourning	
NAME		· · · · · · · · · · · · · · · · · · ·	32 NAME	T ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE	31-4P		Change	Addition
NAME		,	4, 2 NAME			_ •	_
STREET ADDRESS			_	T ADDRESS		•	
CITY-ST-ZEP			44 CITY-1]			
MITE		DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME	1			
STREET ADDRESS			3.2 NAME				
				ET ADDORÉSS			
CITY-ST-ZIP			5.3 STREE 5.4 CITY-5	ET ADORESS ST-ZIP			
CITY-ST-ZIP		☐ DELETE	5.3 STREE 5.4 CITY-1 6.1 TITLE	ET ADDRESS ST-ZIP		☐ Change	Addition
-		☐ DELETE	5.3 STREE 5.4 CITY-5 6.1 TITLE 6.2 NAME	ET ADORESS ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.3 STREE 5.4 CITY-5 6.1 TITLE 6.2 NAME 6.3 STREE	ET ADORESS		☐ Change	Addition
TITLE NAME		☐ DELETE	5.3 STREE 5.4 CITY-5 6.1 TITLE 6.2 NAME	ET ADDRÉSS ET ADDRÉSS ET ADDRÉSS ST-ZIP			

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, if urther confly 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 cath; 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.