

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Aug 06 1996 8:00 am  
Secretary of State

DOCUMENT # 687796 (3)

1. Corporation Name

VAN WILLIAMS, INC.

Principal Place of Business

Mailing Address

5150 CENTRAL AVE.  
ST. PETERSBURG FL 33707

14650 DOUBLE EAGLE CT.  
FT. MYERS FL 33912  
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CRAWFORD, FRANK  
14650 DOUBLE EAGLE CT.  
FT. MYERS FL 33912

3. Date Incorporated or Qualified

09/02/1980

3a. Date of Last Report

08/04/1995

4. FEI Number

59-2028455

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

10. Name and Address of New Registered Agent

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 typed for printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
P CRAWFORD, FRANK  
STREET ADDRESS  
14650 DOUBLE EAGLE CT.  
CITY - ST - ZIP  
FT. MYERS FL

TITLE ☐ DELETE

NAME  
V WILLIAMS, VAN  
STREET ADDRESS  
5150 CENTRAL AVE.  
CITY - ST - ZIP  
ST PETERSBURG, FL 00000

TITLE ☐ DELETE

NAME  
S ZIAKLE, LYNN  
STREET ADDRESS  
5150 CENTRAL AVE.  
CITY - ST - ZIP  
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME  
T CRAWFORD, CAROLYN  
STREET ADDRESS  
14650 DOUBLE EAGLE CT.  
CITY - ST - ZIP  
FT. MYERS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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 Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK CRAWFORD

8/1/96

941 278-4335

Display Phone #

CR2E034 (3/96)