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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:16

DOCUMENT # 854749 (9)

1. Corporation Name
WILLIAMS-CLIFTON & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
535 COLISEUM DRIVE (31201) P. O. BOX 4604 MACON GA 31208-4604	535 COLISEUM DRIVE (31201) P. O. BOX 4604 MACON GA 31208-4604

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 11/23/1982
3a. Date of Last Report: 02/08/1994
4. FEI Number: 58-1031577 ☐ 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

CLIFTON, DEBRA S.
117 OAK ST
ALTAMONTE SPRINGS FL 32714

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WILLIAMS, FLOYD B.
STREET ADDRESS	3711 EL DORADO DRIVE
CITY-ST-ZIP	MACON GA
TITLE	V
NAME	CLIFTON, A. D.
STREET ADDRESS	560 WALTON CT
CITY-ST-ZIP	MACON GA
TITLE	SD
NAME	WILLIAMS, CAROLYN C.
STREET ADDRESS	3711 EL DORADO DRIVE
CITY-ST-ZIP	MACON GA
TITLE	V
NAME	WILLIAMS, M. TOL
STREET ADDRESS	116 ALABAMA AVE
CITY-ST-ZIP	MACON, GA 00000
TITLE	T
NAME	PANTER, M. GREGORY
STREET ADDRESS	126 ASHFORD PARK
CITY-ST-ZIP	MACON GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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: M. Gregory Panter M. Gregory Panter 1/31/95 (912) 746-1481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400103 FP