

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 854749 (9)

1. Corporation Name

WILLIAMS-CLIFTON & ASSOCIATES, INC.



Principal Place of Business

535 COUSEUM DRIVE (31201)
P. O. BOX 4604
MACON GA 31208-4604

Mailing Address

535 COUSEUM DRIVE (31201)
P. O. BOX 4604
MACON GA 31208-4604

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

11/23/1982

3a. Date of Last Report

02/14/1995

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

10. Name and Address of New Registered Agent

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 officer 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 of and printed name of registered agent (to be filled in by agent)

Signature of and printed name of registered agent (to be filled in by agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	CHANGE	ADDITION
CHAIRMAN	WILLIAMS, FLOYD B.	3711 ELDORADO DRIVE	MACON, GA 31204	☒	☐
SR VICE PRESIDENT	H. MORRIS JACKSON	535 COUSEUM DRIVE	MACON, GA 31201	☐	☒
PRESIDENT	WILLIAMS, M. TOL	116 ALABAMA AVENUE	MACON, GA 31204	☒	☐
VICE PRESIDENT	JAMES F. WILLIAMS	2419 KINGLEY DRIVE	MACON, GA 31204	☐	☒
				☐	☐

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, not changed, or on the attachments with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. TOL WILLIAMS

3/4/95

912-476-1481

CR2E034 (12/95)