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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **854749** **(9)**

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

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

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

3. Date Incorporated or Qualified: **11/23/1982**
3a. Date of Last Report: **03/08/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: WILLIAMS, FLOYD B.		1.2 NAME	
STREET ADDRESS: 3711 EL DORADO DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP: MACON GA		1.4 CITY-ST-ZIP	
21 TITLE: SVP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME: JACKOSN, H. MORRIS		2.2 NAME	
STREET ADDRESS: 535 COLISUEM DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP: MACO GA		2.4 CITY-ST-ZIP	
31 TITLE: SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME: WILLIAMS, CAROLYN C.		3.2 NAME	
STREET ADDRESS: 3711 EL DORADO DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP: MACON GA		3.4 CITY-ST-ZIP	
41 TITLE: P	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME: WILLIAMS, M. TOL		4.2 NAME	
STREET ADDRESS: 116 ALABAMA AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP: MACON, GA 00000		4.4 CITY-ST-ZIP	
51 TITLE: VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME: WILLIAMS, JAMES F.		5.2 NAME	
STREET ADDRESS: 2419 KINGLEY DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP: MACON GA		5.4 CITY-ST-ZIP	
61 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 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 added to the report with an address.

SIGNATURE: _____ TOL WILLIAMS 3-6-97 912-746-1481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #