

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 854749 (9)
1. Corporation Name
WILLIAMS CONSTRUCTION MANAGEMENT, 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 11/23/1982		4. FEI Number 58-1031577		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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			
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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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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				
TITLE	SVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JACKSON, H. MORRIS		2.2 NAME	SVP JACKSON, H. MORRIS			
STREET ADDRESS	535 COLISEUM DRIVE		2.3 STREET ADDRESS	859 WEAVER PLACE			
CITY-ST-ZIP	MACO GA		2.4 CITY-ST-ZIP	MACON, GA 31210			
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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				
TITLE	P	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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				
TITLE	VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			6.2 NAME	VP WES GRANT			
STREET ADDRESS			6.3 STREET ADDRESS	4805 GRAFTON COURT			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	SUWANEE, GA 30074			

14. 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. 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 the attachment with an address.

SIGNATURE: _____

TOL WILLIAMS 3-10-98 912-746-1481

CR2E034 (10/97)