

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90023 040 \*\*\*150.00

DOCUMENT # 854749

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1982

4. FEI Number

58-1031577

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	WILLIAMS, FLOYD B.	
STREET ADDRESS	3711 EL DORADO DRIVE	
CITY-ST-ZIP	MACON GA	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	JACKSON, H. MORRIS	
STREET ADDRESS	859 WERA PLACE	
CITY-ST-ZIP	MACON GA 31210	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, CAROLYN C.	
STREET ADDRESS	3711 EL DORADO DRIVE	
CITY-ST-ZIP	MACON GA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WILLIAMS, M. TOL	
STREET ADDRESS	116 ALABAMA AVE	
CITY-ST-ZIP	MACON, GA 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JAMES F.	
STREET ADDRESS	2419 KINGLEY DRIVE	
CITY-ST-ZIP	MACON GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GRANT, WES	
STREET ADDRESS	4805 GRAFTON COURT	
CITY-ST-ZIP	SUWANEE GA 30174	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-13-99

Daytime Phone #

912-746-1481

CR2E034 (11/98)

001432