

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

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Feb 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F33899 (8)

1. Corporation Name  
WILLIAMS' WAY, INC.

Principal Place of Business  
5952 PEACHTREE IND.BLVD..STE.1  
C/O JOHN F. WILLIAMS  
NORCROSS GA 30071

Mailing Address  
5952 PEACHTREE IND.BLVD..STE.1  
C/O JOHN F. WILLIAMS  
NORCROSS GA 30071-1374



|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br>05/07/1981   | 3a. Date of Last Report<br>02/16/1996 |
| 4. FEI Number<br>59-2105434   | Applied For<br>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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|  |   |
|--|---|
| 2. Principal Place of Business<br>21 3480 SUMMIT RIDGE PARKWAY | 2a. Mailing Address<br>26 3480 SUMMIT RIDGE PARKWAY |
| 22 State, Apt. #, etc.<br>C/O JOHN F. WILLIAMS                 | 27 Suite, Apt. #, etc.<br>C/O JOHN F. WILLIAMS      |
| 23 City & State<br>DULUTH, GEORGIA                             | 28 City & State<br>DULUTH, GEORGIA                  |
| 24 Zip<br>30136  | 25 Country<br>GWINNETT                              |
| 29 Zip<br>30136  | 30 Country<br>GWINNETT                              |

9. Name and Address of Current Registered Agent

WILLIAMS, JOHN F.  
CRESENT BEACH CLUB II  
1310 GULF BOULEVARD, UNIT 12-D  
CLEARWATER 34360

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 85 Zip Code   |

FL

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

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PTD                      | <input type="checkbox"/> DELETE |
| NAME           | WILLIAMS, JOHN F         |                                 |
| STREET ADDRESS | 1310 GULF BLVD, UNIT 12D |                                 |
| CITY-ST-ZIP    | CLEARWATER FL            |                                 |
| TITLE          | VSD                      | <input type="checkbox"/> DELETE |
| NAME           | WILLIAMS, NORMA C        |                                 |
| STREET ADDRESS | 1310 GULF BLVD, UNIT 12D |                                 |
| CITY-ST-ZIP    | CLEARWATER FL            |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> DELETE |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

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 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 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: JOHN F. WILLIAMS Date: 2/05/97 Daytime Phone #: 770-623-1999

CR2E034 (9/96)