

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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F33899** (8)

1. Corporation Name
WILLIAMS' WAY, INC.

Principal Place of Business 3480 SUMMIT RIDGE PARKWAY C/O JOHN F WILLIAMS DULUTH GE 30136 US	Mailing Address 3480 SUMMIT RIDGE PARKWAY C/O JOHN F WILLIAMS DULUTH GE 30136 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1981

4. FEI Number

59-2105434

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 SAME AS ABOVE

Suite, Apt. #, etc.
22 SAME AS ABOVE

City & State
23 SAME AS ABOVE

Zip
24 30096

Country
25 SAME

2a. Mailing Address

26 SAME AS ABOVE

Suite, Apt. #, etc.
27 SAME AS ABOVE

City & State
28 SAME AS ABOVE

Zip
29 30096

Country
30 SAME

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

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	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		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

JOHN F. WILLIAMS PRESIDENT

1/15/98

770-623-1999

CR2E034 (10/97)