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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F42779

(1)

W.H. WILLIAMS AND ASSOCIATE PAVING, INC.

FILED May 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					t tallind bite diene nicht ander tallit dette anbei micht mehr mehr mit einen anbei annte sant	
308 A. KINGSWAY RD SEFFNER FL 33584 US		P.O. BOX 546 SEFFNER FL 33584 US				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
A Dringlant D	ace of Business	2a. Mailing Address				08/05/1981 4. FEI Number Applied For
21	ISCA OL DOZINOSS	26				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				SR 75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	9	City & State				8. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Ζφ	Country			8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Current	29 Pagistared Agent	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
1141		Hedistoren Agent		81	Name	10, radino anto Aportosa of Now Hogistatos Agoria
WILLIAMS, W. RONALD					-2: 1: 1:	100 B. M.
	6 Pe mberton Creek Dr. Finer FL 33584			82	Street Add	dress (P.O. Box Number is Not Acceptable)
SEF	THEN FE 33304			83		
				84	City	85 Zip Code
	4	COZ 4500 Fig	dea the at			FL 00 210 COOK
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 product name of registered agent and title diapplicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND	······	13.	a ngo	it aignature rodu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 Tr	TLE		Change Addition
NAME	WILLIAMS, WALTER R		1.2 N	ME		
STREET ADDRESS	2606 PEMBERTON CREEK DR.			REET	ADDRESS	
CITY-ST-ZIP	SEFFNER FL		1,4 CI		T-ZIP	
TITLE			2.1 T			Change Addition
NAME	WILLIAMS, YVONNE			2.2 NAME		
STREET ADDRESS	2606 PEMBERTON CREEK DR.			2.3 STREE1 ADDRESS 2. 4 CITY - ST- ZIP		
CITY-ST-ZIP			2. 4 C 3.1 TC		ST- ZIP	Change Addition
TITLE						C Change C Notinon
NAME Street address	BLANCHARD, ASUNTA DDRESS 308A KINGWAY RD			3.2 NAME 3.3 STREET ADDRESS		1
CITY-ST-ZIP	A		3.3 SI		1	
TITLE	SEFFINEN FL 33304	DELETE	4.1 10		01-ZIF	Change Addition
NAME			4. 2 N			
STREET ADDRESS					ADDRESS	1
CITY-ST-ZIP			4.4 CI			
TITLE		☐ DELETE	5.1 TI	_		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 ST	RFET	ADDRESS	
CITY-ST-ZIP			5.4 CI	TY - 5	T-ZIP	
TITLE			6.1 TI	6.1 TITLE		Change Addition
NAME			6.2 N/	ME		
STREET ADDRESS			6381	REET	ADDRESS	
CITY-ST-ZIP		<u> </u>	6.4 CI	TY-S	1 - ZIP	

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 comporation 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 of anyted, or on an attaching it yith an address.