


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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90189 045 \*\*\*150.00

0382756

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F42779**

1. Corporation Name  
**W.H. WILLIAMS AND ASSOCIATE PAVING, INC.**

Principal Place of Business

**308 A KINGWAY RD**  
**SEFFNER FL 33584**  
**US**

Mailing Address

**P.O. BOX 546**  
**SEFFNER FL 33584**  
**US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **9238 Causeway Blvd**

Suite, Apt. #, etc.

22

City & State

23 **Tampa FL**

Zip

24 **33619**

Country

25 **Hills**

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

**08/05/1981**

4. FEI Number

**59-2129010**

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 the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**WILLIAMS, W. RONALD**  
**2606 PEMBERTON CREEK DR.**  
**SEFFNER FL 33584**

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. My family with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Ronald Williams*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/26/99**

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **WILLIAMS, WALTER R**  
STREET ADDRESS **2606 PEMBERTON CREEK DR.**  
CITY-STATE-ZIP **SEFFNER FL**

TITLE **V** ☐ DELETE

NAME **WILLIAMS, YVONNE**  
STREET ADDRESS **2606 PEMBERTON CREEK DR.**  
CITY-STATE-ZIP **SEFFNER FL**

TITLE **S** ☐ DELETE

NAME **BLANCHARD, ASUNTA**  
STREET ADDRESS **308A KINGWAY RD**  
CITY-STATE-ZIP **SEFFNER FL 33584**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

**216 Ball Park Ave**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

*Ronald Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/99**

Date

**813-621-8428**

Daytime Phone #

CR2E034 (1/1/98)