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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9500006021

May 04, 1999 8:00 am Secretary of State 05-04-1999 90146 035 ***150.00

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WILLIAMS ENGINEERING, INC. OF GEORGIA							}					
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2075 WEST PARK PLACE C/O IVOR LONGO, ESQ.												
STONE MOUNTAIN GA 30087 2076 WEST PARK PLACE												
			STO	NE MOUNTAIN GA	30087				DO NOT WR		SSPACE	
1								ĺ	3. Date incorporated or Qualifed	1		
9. Principal Place of Dunings									12/11/1995			
2. Principal Place of Business				2a. Mailing Address				-	4. FEI Number		<u> </u>	oplied For
21 26 Suite. Apt. # etc.				Suite, Apt. #, etc.				-+	58-2203739			ot Applicable
									5. Certifcate of Status Desired			Additional equired
22												
·									Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip		Country		Zip		ountry		+	8. This corporation owes the cur			(0 1 6cs
24	2	_ ·	29	- ,	30	ou.n.y			Personal Property Tax.	rent year in	Yes	□No
24		ind Address of Curi		red Agent	1301				10. Name and Address of New	Registered		
	0, 1,4					81	Name					
СТ	CORPORATI	ON SYSTEM										
1200 SOUTH PINE ISLAND ROAD						82 Street Address			s (P.O. Box Number is Not Accept	table)		
PLANTATION FL 33324						83						
			•			84	City			Fi	85 Zip	Code
44 Durewant	to the provisio	ne of Sections 607.0	1502 and 607	7 1509 Florida Stat	tutes the	above	-named	comora	ation submits this statement for the	numase o	■ f changing its	registered
office or r	registered ager	nt, or both, in the Sta	ite of Florida	. Such change was	s authoriz	ed by t	the corpo	oration's	s board of directors. I hereby acce	pt the appo	intment as re	gistered
agent.) a	am tamiliar with	, and accept the obli	igations of, S	Section 607.0505, F	Florida St	atutes.	ı					
SIGNATURE												
	Stanature typed or	printed game of registered a	egent and title if a	nolicable (NC	TE: Register	red Agent	signature n	required wh	nen reinstating)	DATE		
12.	Signature, typed or	printed name of registered a					signature r	required wh	nen reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS A	ND DIRECTO	ORS IN 12
12.		` , , , , , , , , , , , , , , , , , , ,			1		t signature r	required wh	nen reinstating) ADDITIONS/CHANGES TO OF		ND DIRECTO	DRS IN 12
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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: