

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F98000004720**1. Entity Name  
**THE CORR-WILLIAMS COMPANY**

Principal Place of Business	Mailing Address
110 AIRPORT ROAD	110 AIRPORT ROAD
SUITE B	SUITE B
PEARL	JACKSON
39208	39208
US	US
MS	MS

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**64-0861352**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****BECKER WILLIAM**  
**989 BAY OAK LANE****VERO BEACH**  
**32963**

US

FL

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**01/26/2001**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VC	<input type="checkbox"/> Delete
NAME	BECKER WILLIAM	
STREET ADDRESS	989 BAY OAK LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	C	<input type="checkbox"/> Delete
NAME	NIEBANCK HAL	
STREET ADDRESS	200 RIVERLAND COURT	
CITY-ST-ZIP	DUNWOODY GA 30350	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GULLETTE MARLON D	
STREET ADDRESS	3510 LONSTREET DRIVE	
CITY-ST-ZIP	PEARL MS 39208	
TITLE	P	<input type="checkbox"/> Delete
NAME	GAMMONS JERRY W	
STREET ADDRESS	110 HICKORY HILL PLACE	
CITY-ST-ZIP	BRANDON MS 39042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jerry W Gammons

p

01/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)