FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G56898** **(1)**

1. Corporate Name
D.D. WILLIAMS INC.

Principal Place of Business	Mailing Address
6034 RICHARD ST. JACKSONVILLE FL 32216 US	6034 RICHARD ST. JACKSONVILLE FL 32216 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/26/1983**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2310951** ☐ Applied For ☐ Not Applicable
Suite, Apt. # or P.O. Box (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City, State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) (29) County (25) (30)
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes.* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WILLIAMS, D.D. 4111 PALOMO POINT CT JACKSONVILLE FL 32217	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 Section 607.0502 and 607.1008, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D		☐ Change ☐ Addition
NAME	WILLIAMS, D.D.		
STREET ADDRESS	4111 PALOMA POINT CT		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	DV		☐ Change ☐ Addition
NAME	WILLIAMS, GLADYS		
STREET ADDRESS	4111 PALOMA POINT CT		
CITY-ST-ZIP	JACKSONVILLE, FL 00000		
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I declare, I certify that the information required with the filing is accurately furnished and 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 12 or Block 13 with an address, with an "X" in the box.

SIGNATURE: Gladys Williams Gladys Williams 4-27-95 733-5194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0018371 CP