

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

PROFIT
CORPORATION
ANNUAL REPORT.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90197 014 ***150.00

DOCUMENT # **G56898**

Corporation Name
D.D. WILLIAMS INC.

Principal Place of Business

**RICHARD ST.
JACKSONVILLE FL 32216**

Mailing Address

**6034 RICHARD ST.
JACKSONVILLE FL 32216
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1983

4. FEI Number

59-2310951

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

Principal Place of Business

5955 Philips Hwy.

Suite, Apt. #, etc.

2a. Mailing Address

5955 Philips Hwy

Suite, Apt. #, etc.

City & State

Jacksonville, FL.

Country

32216 ☐ **US**

City & State

Jacksonville, FL

Zip

32216 ☐ **US**

9. Name and Address of Current Registered Agent

WILLIAMS, D.D.

**4111 PALOMAPoint CT 4111 Paloma Pt. Ct.
JACKSONVILLE FL 32217**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D	<input checked="" type="checkbox"/> DELETE
WILLIAMS, D.D.	
4111 PALOMA POINT CT	
JACKSONVILLE FL	
DV	<input checked="" type="checkbox"/> DELETE
WILLIAMS, GLADYS	
4111 PALOMA POINT CT	
JACKSONVILLE, FL 00000	
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE

1. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Williams, Gladys K.	
3. STREET ADDRESS	4111 Paloma Point Ct.	
4. CITY-ST-ZIP	Jacksonville, FL. 32217	
1. TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Ward, Susan W.	
3. STREET ADDRESS	5169 Twilington Forest Dr.	
4. CITY-ST-ZIP	Jacksonville, FL. 32258	
1. TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Bass, Shannon W.	
3. STREET ADDRESS	5977 Carretero Dr.	
4. CITY-ST-ZIP	Jacksonville, FL. 32216	
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-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 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:

Gladys K. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/00

Date

904-733-5194

Daytime Phone #

CR2E034 (11/98)