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Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G94960** (3)
1. Corporation Name
RONALD W. WILLIAMS CONSTRUCTION CO., INC.



Principal Place of Business Mailing Address
**1819 NORTH MARION ST.
P.O. BOX 2698
LAKE CITY FL 32056-2698**

3. Date Incorporated or Qualified **04/06/1984** 3a. Date of Last Report **05/01/1996**
4. FEI Number **59-2448348** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**WILLIAMS, RONALD W.
RT. 1, BOX 515
LAKE CITY FL 32055**

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **PD WILLIAMS, RONALD W.**
STREET ADDRESS **RT. 1, BOX 515**
CITY-ST-ZIP **LAKE CITY FL**
TITLE ☐ DELETE
NAME **V WILLIAMS, MADERIEAN**
STREET ADDRESS **RT. 1, BOX 413**
CITY-ST-ZIP **LAKE CITY FL**
TITLE ☐ DELETE
NAME **ST WILLIAMS, GWENDOLYN**
STREET ADDRESS **RT. 1, BOX 515**
CITY-ST-ZIP **LAKE CITY FL**
TITLE ☒ DELETE
NAME **AS HUNTER, DARLENE**
STREET ADDRESS **RT 10 BOX 817**
CITY-ST-ZIP **LAKE CITY FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-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-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **AS**
4.3 STREET ADDRESS **JOHNSON, BETTY S.**
4.4 CITY-ST-ZIP **615 West Thompson Street Apt. D-4**
Lake City, Florida
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97

Date

(904) 752-5743

Daytime Phone #

CR2E034 (9/96)