

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

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 JUL -2 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Williams Bank Installation, Inc.

Principal Place of Business

Mailing Address

1402 E LAS OLAS BLVD.
#1093
Ft. Lauderdale, FL 33301
US

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1984

4. FET Number

59-0444726

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

Wells, Joseph
1402 E Las Olas Blvd.
#1093
Ft. Lauderdale, FL 33301

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Numbers 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 on printed name of the registered agent or the corporation

(NOTE: If registered agent's signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P
Wells, Joseph
STREET ADDRESS
861 NW Terrace #1808
CITY-STATE-ZIP
Plantation, FL

TITLE ☐ DELETE

NAME
V
Williford, David
STREET ADDRESS
580 NW 11 Ave
CITY-STATE-ZIP
Ft. Lauderdale, FL 33301

TITLE ☒ DELETE

NAME
OT
Wells, Adam
STREET ADDRESS
861 NW 85th Terrace #1808
CITY-STATE-ZIP
Plantation, FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

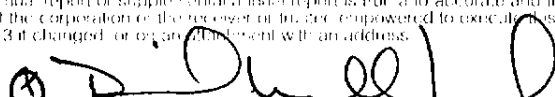
62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I hereby certify that the information reported with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 liquidator 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 addition with an address.

SIGNATURE:



6/8/98

954-484-2404

CR2E034 (10/97)