FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Feb 24 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 # **J21451** **(6)**

1. Corporation Name
GLEN WILLIAMS CONTRACTOR, INC.

Principal Place of Business	Mailing Address
6264 OLD WATER OAK ROAD TALLAHASSEE FL 32312 US	6264 OLD WATER OAK ROAD THOMASVILLE ROAD TALLAHASSEE FL 32312-3661 US

3. Date Incorporated or Qualified: 06/25/1986
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 7865 Proctor Rd
22 Suite, Apt. #, etc.
23 City & State: Tallahassee, Fla
24 Zip: 32308 25 Country: US

2a. Mailing Address
26 7865 Proctor Road
27 Suite, Apt #, etc.
28 City & State: Tallahassee, Fla.
29 Zip: 32308 30 Country: US

4. FEI Number: 59-2683919 ☐ 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

9. Name and Address of Current Registered Agent

GLEN WILLIAMS
6264 OLD WATER OAK ROAD
THOMASVILLE ROAD
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name: SAme
82 Street Address (P.O. Box Number is Not Acceptable): 7865 Proctor Road
83
84 City: Tallahassee FL 85 Zip Code: 32308

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 _____ DATE
Signature of one of the directors if reinstating; typed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	WILLIAMS, GLEN		1.2 NAME		
STREET ADDRESS	6264 OLD WATER OAK ROAD		1.3 STREET ADDRESS	7865 Proctor Road	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, Fl. 32308	
TITLE	D	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	WILLIAMS, LAURIE		2.2 NAME		
STREET ADDRESS	6264 OLD WATER OAK ROAD		2.3 STREET ADDRESS	7865 Proctor Road	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	Tallahassee, Fl. 32308	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 added on an attachment with an address.

SIGNATURE: _____ 2/8/97 904/668-2311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000A807