

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

FILED

Jun 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J52452 (6)
1. Corporation Name
WILLIAMS JEWELRY, INC.

Principal Place of Business
114 WEST MADISON STREET
STARKE FL 32091

Mailing Address
114 WEST MADISON STREET
STARKE FL 32091



DO NOT WRITE IN THIS SPACE

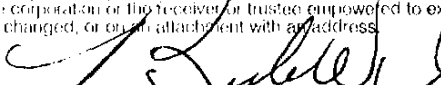
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/20/1987	
21	22	26	27	4. FEI Number 59-2880540	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
Zip		Zip		Country	
Country		Country		Country	
9. Name and Address of Current Registered Agent WELTY, RICHARD E. 954 N. TEMPLE AVE. STARKE FL 32091				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 607.0542 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, A.C.	1.2 NAME	
STREET ADDRESS	114 W. MADISON ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	STARKE FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, MILTA E.	2.2 NAME	
STREET ADDRESS	114 W. MADISON ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	STARKE FL	2.4 CITY - ST - ZIP	
TITLE	TS	3.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIS, BRENDA W.	3.2 NAME	
STREET ADDRESS	736 S. WESTMORLAND ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	STARKE FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, E. DAVID SR.	4.2 NAME	
STREET ADDRESS	114 W. MADISON ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	STARKE FL	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	GAINES, VICKI W.	5.2 NAME	
STREET ADDRESS	114 W. MADISON ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	STARKE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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.

SIGNATURE:  6-693 904-964764

CR2E034 (10/97)