

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J72500** (8)

1. Corporation Name

PHIL WILLIAMS & ASSOCIATES, INC.



Principal Place of Business

**1341 GRINDENWALD
JONESBORO GA 30236
US**

Mailing Address

**1341 GRINDENWALD DR
JONESBORO GA 30236
US**

3. Date Incorporated or Qualified
05/13/1987

3a. Date of Last Report
04/18/1995

4. FEI Number

59-2802831

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 **200 Woodcreek Lane**

26 **200 Woodcreek Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Fayetteville, GA**

28 **Fayetteville, GA**

24 Zip

Country

29 Zip

Country

30215

USA

30215

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS STEPHEN R
7700 PRESERVATION RD.
TALLAHASSEE FL 32312**

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, type or printed name of registered agent (if applicable)

(If Not Registered Agent Signature Required, Leave Blank)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **WILLIAM, PHILIP C.**
STREET ADDRESS **1341 GRINDENWALD DR**
CITY-ST-ZIP **JONESBORO GA**

TITLE **V** ☐ DELETE

NAME **MERRILL, ROBERT L**
STREET ADDRESS **43 W. 68TH STREET, APT. 1-B**
CITY-ST-ZIP **NEW YORK NY**

TITLE **S** ☐ DELETE

NAME **WILLIAMS MARGARET R**
STREET ADDRESS **1341 GRINDENWALD DR**
CITY-ST-ZIP **JONESBORO GA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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*****200.00**

5/1/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

PHILIP C. WILLIAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96
Date

(770) 460-2222
Telephone

CR2E034 (12/95)