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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K22567**

(7)

JERRY WILLIAMSON ENTERPRISES, INC.

1002 JUPITER PARK LANE #4

JUPITER FL

Principal Place of Business Mailing Address 1002 JUPITER PARK LANE. #4 1002 JUPITER PARK LANE. #4 JUPITER FL 33458-8965 JUPITER FL 33458 3. Date Incorporated or Qualified 3a. Date of Last Report 03/21/1996 05/04/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0087822 21 26 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 ZiD Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes 🗌 24 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILLIAMSON, JERRY -901 W. INDIANTOWN RD Street Address (P.O. Box Number is Not Acceptable) 82 BAY 45-63 JUPITER FL 33458 Zip Code 33458 R4 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD DELETE Change Addition 1.1 TITLE TITLE WILLIAMSON, JERRY NAME 1.2 NAME 1002 JUPITER PARK LANE #4 1.3 STREET ADDRESS STREET ADDRESS JUPITER FL 1.4 CITY - ST - ZIP CITY-S1-ZIP DELETE Change Addition TITLE STD 2.1 TITLE WILLIAMSON, DELILAH NAME 2.2 NAME

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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

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

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DELIGHT WILLIAMSON

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FILED

Feb 18 1997 8:00am

Secretary of State