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Mar 06 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 # K34736

(4)

1. Corporation Name

L/R WILLIAMS AND WILLIAMS, INC.

Principal Place of Business

**C/O MARY P. RENDE
4635 PANORAMA DR., P.O. BOX 3287
HOLIDAY FL 34690**

Mailing Address

**C/O MARY P. RENDE
4635 PANORAMA DR., P.O. BOX 3287
HOLIDAY FL 34690-5708**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/28/1988

3a. Date of Last Report

06/19/1996

4. FEI Number

59-2918833

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

**ROBERT W LUETH
4635 PANORAMA DR
HOLIDAY FL 34690**

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 607.0502 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME LUETH, ROBERT W.
STREET ADDRESS 6655 MILLSTONE DR
CITY-ST-ZIP NEW PT. RICHEY FL**

TITLE ☐ DELETE

**V
NAME RENDE, MICHAEL W.
STREET ADDRESS 380 WOODLAEN AVE
CITY-ST-ZIP BELLAIRE FL**

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**P
NAME LUETH, ROBERT W.
STREET ADDRESS 4635 PANORAMA AVE.
CITY-ST-ZIP HOLIDAY, FL 34690**

2.1 TITLE ☒ Change ☐ Addition

**V
NAME RENDE, MICHAEL W.
STREET ADDRESS 401 FAIRVIEW RD.
CITY-ST-ZIP BELLAIRE, FL 34616**

3.1 TITLE ☐ Change ☒ Addition

**S,T
NAME ALDRICH CHARLES W.
STREET ADDRESS 928 PORTER DRIVE
CITY-ST-ZIP LARGO, FL 33771**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/97 (813) 944-3731

CR2E034 (9/96)