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

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

K70365

(7)

R.D. WILLIAMSON & ASSOCIATES, INC., ARCHITECT S

Principal Place of Business Mailing Address						1 10040111 611 19041 02409 14119 01191	#111 #1911 #191	# 6 1911 91611	. 81211 BIBN 1881
	Passage Lane Each FL 33931	18276 DEEP PASSAGI FT. MYERS BEACH FI							
						3. Date Incorporated or Qualified 03/06/1989		of Last R 3/13/19	
2. Principal Place of Business		2a. Mailing Address 26	F7			4. FLI Number Applied For Not Applied For Not Applied For			Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #. etc.	<u></u>					<u> </u>	5 Additional
2		27]	[27]			5. Certificate of Status Desired			Required
City & State		Orty & State				6. Election Campaign Financing	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
2ιρ	Country	28	Солг	nlry		Trust Fund Contribution This corporation has liability for i			
4	25	29	30			Florida Statutes Yes No			
	9. Name and Address of Current	l Registered Agent		227		10. Name and Address of New R	egistered	Agent	
14A1 1 1A44	CON DANICALE D			81	Name				
WILLIAMSON, RANDALL D. 18276 DEEP PASSAGE LANE				82	Street Addre	address (P.O. Box Number is Not Acceptable)			
	RS BEACH FL 33931		83						
	/ / 		-	84	City			05 7	ip Code
						ation submits this statement for the pur	FL	.	
familiar with SIGNATURE	ed agent, or both, in the State of Florid in, and accept the obligations of, Sections Signature typed or protect name of registeric agents	on 607.0505, Florida Statute:		Ţ		d of directors. Thereby accept the appoint	ointment as	registered	Jagent, Lam
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI			
TITLE	DP WILLIAMSON, RANDALL D.	☐ DELETE	1 1 1/1				L	Change	Addition
NAME STREET ACORESS	18276 DEEP PASSAGE LANE		1 2 NA/		DDRESS				
CITY - \$1 - ZIP	FT. MYERS BEACH FL			neci Mi IY-SI-					
TIFLE	DST	ST DELETE 2		2 1 Table			Ĺ	Change	☐ Addition
NAME	WILLIAMSON, KATHLEEN J.		2.2 NA	2.2 NAME 2.3 STREET ADDRESS					
STREET ACORESS	18276 DEEP PASSAGE LANE FT. MYERS BCH. FL								
0/19 - \$1 - 7/P 1/18E	FI. MIENO DOIL FL	☐ DELETE		2.4 C-1Y - \$1 - ZIP 3.1 TifLE				Change	☐ Addition
NAME			3 2 NA				_	☐ Ammige	Addition
STREET ADDRESS			•		DORESS				
CrTv - S1 - ZiP			3401	[Y-S]-	ZiP			. <u> </u>	
THLE		☐ DELETE	4 1 Til				[Change	☐ Addition
NAME OURSEL ASSOCIACIO			4.2 NA/						
STREET ADDRESS CITY - ST - ZIP					DDRESS				
TITLE		DELETE	5 1 Til	TY-ST- TLE	, (II)	THE RESIDENCE OF THE PROPERTY		Change	☐ Addition
NAME			5.2 NAI				_	_	_
STREET ADDRESS			5.3 ST	REET AC	DORESS				
CITY - ST_ZIP				IY SI:	Z:P				
THE		DELETE	6 1 III				L	Change	Addition
NAME officer anneced			62 NAI		nnar ee				
STREET ADDRESS CHTY-ST-ZIP				HEELAL Y-S'-	DDRESS . 7:6				
14. I do hereby certify that oatn; that I	the information indicated on this annu	ial report or supplemental and ration or the receiver or truste	mished and o nual report is ee empower	does i s true	not qualify for	or the exemption stated in Section 119. Ite and that my signature shall have the s report as required by Chapter 607, Fig.	same legal	effect as i	if made under

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96

941-454-6400

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