


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

FILED
Feb 27 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 # K95468 | | (0) | |
| 1. Corporation Name N. R. WILLIAMS, INC. | | | |
| Principal Place of Business 3606 HWY 60 W LAKE WALES FL 33853 US | | Mailing Address P.O. BOX 261 BABSON PARK FL 33827-0261 | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 Suite, Apt #, etc | 26 | Suite, Apt #, etc. | |
| 22 City & State | 27 | City & State | |
| 23 Zip | 28 | 29 Zip | 30 Country |
| 25 Country | | | |
| 9. Name and Address of Current Registered Agent | | | |
| WILLIAMS, N. R., III 2230 ALT 27 N BABSON PARK FL 33827 | | 81 | Name |
| | | 82 | Street Address |
| | | 83 | |
| | | 84 | City |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required) | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | D | <input type="checkbox"/> DELETE | |
| NAME | WILLIAMS, N. R., III | | |
| STREET ADDRESS | 2230 ALT 27 N | | |
| CITY - ST - ZIP | BABSON FL | | |
| TITLE | ST | <input type="checkbox"/> DELETE | |
| NAME | WILLIAMS, KATHY | | |
| STREET ADDRESS | 2230 ALT 27 N | | |
| CITY - ST - ZIP | BABSON FL | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
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| CITY - ST - ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| 13. | | | |
| 1.1 TITLE | | | |
| 1.2 NAME | | | |
| 1.3 STREET ADDRESS | | | |
| 1.4 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 | | | |
| 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed or on an attachment with an address. | | | |
| SIGNATURE: _____ N.R. Williams | | | |



CR2E034 (9/96)