

1-17-95 B-0047-C

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M74656 (3)

1. Corporation Name

J. WILLIAMS & SON, INC.

Principal Place of Business

18591 U.S. 41
SPRING HILL FL 34610

Mailing Address

18591 U.S. 41
SPRING HILL FL 34610

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

2b. Suite, Apt. #, etc.

27

City & State

23

2c. City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**JOHNSTON, JOSEPH E, JR
29 S BROOKSVILLE AVE
BROOKSVILLE FL 34601**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL 85. Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0501 and 607.1508, Florida Statutes, the above named corporation submits the 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, the laws of Florida, Florida Statutes.

SIGNATURE

John M. Williams

RECEIVED - AGENT SIGNATURE AND DATE RECEIVED

1-10-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	VD WILLIAMS, JOHN M., JR. 12091 LUXEMBOURG CT SPRING HILL FL	14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME	PST WILLIAMS, JOHN M., SR. 3117 ENDSLEY RD BROOKSVILLE FL	16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		17. STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME		20. NAME	
STREET ADDRESS		21. STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME		24. NAME	
STREET ADDRESS		25. STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME		26. NAME	
STREET ADDRESS		27. STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME		28. NAME	
STREET ADDRESS		29. STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME		30. NAME	
STREET ADDRESS		31. STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07, Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report, true and accurate and that my signature shall have the same legal effect as that of my attorney-in-fact, that I am an officer or director of this corporation or the person or persons so empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, or this is a continuation of an application with an addendum.

SIGNATURE:

John M. Williams

RECEIVED AND FILED ON FLORIDA SECRETARY OF STATE'S RECORDING SHEET

John M. Williams

1/10/95 904-799-2340

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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