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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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WILLIAMSBURG INVESTMENT COMPANY, INC. Principal Place of Business Mailing Address **W CAROLYN THOMAS** % CAROLYN THOMAS 830 WAIKIKI DR. 830 WAIKIKI DR. DO NOT WRITE IN THIS SPACE MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 3. Date Incorporated or Qualified 09/21/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2930250 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip. Country 8. This corporation owes or has paid the current year Intangible ☐ No 25 30 Personal Property Tax due June 30. Yes Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THOMAS, CAROLYN 830 WAIKIKI DRIVE Street Address (P.O. Box Number is Not Acceptable) **MERRITT ISLAND FL 32953** 83 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 (NOTE: Rog stored Agent signature required when reinstating) Signature, typod or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change ___ Addition TITLE NAME THOMAS, ALBERT W. 1.2 NAME 830 WAIKIKI DR. STREET ADDRESS 1.3 STREET ADDRESS MERRITT ISLAND FL 1.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Addition TITLE Change 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change TITLE 3 1 11TLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP DELETE Change Addition TITLE 41 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

14. Thereby 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 eath, that I am an officer or director of the corporation of the receiver or trustee empowered covexecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or or product 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 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 of 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 production of the corporation of the corpor

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Feb 11 1998 8:00am

Secretary of State

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