

FOR PROFIT CORPORATION

ANNUAL BUSINESS REPORT (UBR)

2003

DOCUMENT # P01000121440

1. Entity Name

HAROLD J. WILLIFORD, JR., INC.
P.O. Box 50693
Jacksonville Beach, FL 32240-0693



FILED

03 JUN -6 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1420 Neptune Grove Dr.

3. Mailing Address

P.O. Box 50693

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Neptune Beach FL

City & State

Jacksonville Beach FL

4. FEI Number

94-3414379

Applied For

Not Applicable

Zip

32266

Country

USA

Zip

32240

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Michealyn C. Adams

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

1112 Third St. Suite 7

City

Neptune Beach

FL

Zip Code

32266

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
HAROLD J. WILLIFORD, JR P
1420 Neptune Grove Drive E
Neptune Beach, FL 32266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Allison O. Williford VP
1420 Neptune Grove Drive E
Neptune Beach, FL 32266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP
300020563793
06/06/03--01038--006 **150.00

TITLE
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CITY-ST-ZIP
300020563793
06/06/03--01038--007 **150.00

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STREET ADDRESS
CITY-ST-ZIP

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12. I 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 report or supplemental 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 10 or on an attachment with an address, with or without other like empowered.

SIGNATURE:

Harold J. Williford Jr.

4/29/03

904.241-5388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

21616

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

2003

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P.O. Box 50693
Jacksonville Beach, FL 32240-0693



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City & State

Jacksonville Beach FL

4. Filing Number

94-3414379

Amended For

Not Available

Zip

32266

Country

USA

Zip

32240

Country

USA

5. Certificate or Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Michaelyn C. Adams

Street Address (P.O. Box Number is not Acceptable)

1112 THIRD ST. Suite 7

City

Neptune Beach

FL

Zip Code

32266

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature of person who is registered agent and is not a director

Signature of person who is not a registered agent and is not a director

DATE

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Make Check Payable to Florida Department of State

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True Fund Contribution

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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CITY-STATE-ZIP
HAROLD J. WILLIFORD, JR. P
1420 Neptune Grove Drive E
Neptune Beach, FL 32266

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Allison O. Williford VP
1420 Neptune Grove Drive E
Neptune Beach, FL 32266

TITLE
NAME
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CITY-STATE-ZIP

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SIGNATURE:

Harold J. Williford Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/03

904.241-5388

Distance Meters

HAROLD J. WILLIFORD, JR., INC.

P. O. Box 50693
JACKSONVILLE BEACH, FLORIDA 32240

Phone 904-333-5552

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

June 04, 2003

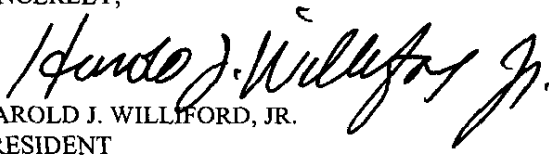
~~TO WHOM IT MAY CONCERN:~~

I HAVE ENCLOSED MY UBR FOR 2002 AND 2003 AND MY CHECKS TOTALING \$ 300.00 TO REINSTATE MY CORPORATION.

SOMEHOW WHEN MY CORPORATION ORIGINALLY WAS SET UP MY PO BOX NUMBER WAS TRANSPOSED AND I NEVER RECEIVED MY 2002 UBR. ACCORDING TO YOUR RECORDS THE 2002 WAS RETURNED TO YOU FOR A BAD ADDRESS.

= PLEASE LET ME KNOW IF YOU NEED ANYTHING ELSE.

SINCERELY,


HAROLD J. WILLIFORD, JR.
PRESIDENT

ENCLOSURES



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 6, 2003

HAROLD J. WILLIFORD, JR., INC.
P.O. BOX 50693
JACKSONVILLE BEACH, FL 32240

SUBJECT: HAROLD J. WILLIFORD, JR., INC.
Ref. Number: P01000121440

Complete
Reinstate
form

Late Fee to
be waived

inc on 12/27/01 =

2002

undeliverable

We have received your document for HAROLD J. WILLIFORD, JR., INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The total amount due to reinstate is \$300.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 303A00027957

Handwritten signature/initials inside an oval.