FOR PROFIT CORPORATION
[illegible] 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 -5 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1420 Neptune Grove Dr.	P.O. Box 50693
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Neptune Beach FL	City & State: Jacksonville Beach FL
Zip: 32266 Country: USA	Zip: 32240 Country: USA

4. FEI Number: 94-3414379 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

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

300020563793
06/06/03--01038--006 **150.00

300020563793
06/06/03--01038--007 **150.00

DO NOT WRITE IN THIS SPACE

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 all 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 #

JH 6/6

FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

2003

DOCUMENT # P01000121440

1. Entity Name

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1420 Neptune Grove Dr.	P.O. Box 50693
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Neptune Beach FL	City & State: JACKSONVILLE BEACH FL
Zip: 32266 / Country: USA	Zip: 32240 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 94-3414379 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

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 ______________________ 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

Field	Entry	Field	Entry
TITLE	P	TITLE	
NAME	HAROLD J. WILLIFORD, JR	NAME	
STREET ADDRESS	1420 Neptune Grove Drive E	STREET ADDRESS	
CITY-ST-ZIP	Neptune Beach, FL 32266	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	Allison O. Williford	NAME	
STREET ADDRESS	1420 Neptune Grove Drive E	STREET ADDRESS	
CITY-ST-ZIP	Neptune Beach, FL 32266	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3), 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 all other like empowered.

SIGNATURE: Harold J. Williford Jr. 6/4/03 904.241-5388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

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.

HAROLD J. WILLIFORD, JR.
PRESIDENT

ENCLOSURES

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

Complete Reinstate form

Late Fee to be waived

LLC on 12/27/01 = 2002

undeliverable

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

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

FAX