## FILE NOW FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P03190

W. CHESTER WILLIAMS, INC.

Principal Place of Business		Mailing Address				1 1987/98: III 88198 JIER JIER JIER 1814 883 81811 91811 91811 81817 8181 81817 8181			
220 MENDEL PKWY, WEST		PO BOX 241903							
MONTGOMERY AL 36117 US		MONTGOMERY AL 36124 US				DO NOT WRITE IN THIS SPACE			
us		Uo			}	3. Date Incorporated or Qualifed			
						08/28/1984	•		
2. Principal P	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·			4. FEI Number	T	App	olied For
21		26				63-0577250	F	1	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					_ \$8.		dditional
22		27				5. Certifcate of Status Desired		ee Rec	
City & State		City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution		ided to	
Zip	Country	Zip	Coun	try		8. This corporation owes the cur	rent year Intangible		
24	25	29	30			Personal Property Tax.	Ye	s [	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New	Registered Agent		
OT (	OODDODATION OVETEN		1	81 N	Name				
	CORPORATION SYSTEM					ress (P.O. Box Number is Not Acceptable)			
	D'S. PINE ISLAND ROAD					The same of the sa	<u> </u>	****	ente proper e com
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	_			<sup>54</sup>   `	City		FL 85	Zip'C	ode
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute:	s, the abo	ove-n	amed corpora	ation submits this statement for the	purpose of changi	ng its r	egistered
office or r	registered agent, or both, in the State of	of Florida. Such change was aut ions of, Section 607.0505, Flori	thorizea t ida Statut	by the es.	e corporation:	s board of directors. I hereby acce	pt the appointment	as regi	istered
-5	11/2 11/2			11	,	_	1/11/2		
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SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered A	gent sig	gnavre required w	hen reinstating) (本語 漢語	7/19/99 DATE		
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	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applicable. (NOTE: F	Registered A		gn Jure : equired w	hen reinstating) (2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	DATE FFICERS AND DIRI		RS IN 12
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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 annual report or supplemental 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 or 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, an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90061 015 \*\*\*150.00

(334) 271-6070