## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000055544

Entity Name: G L WILLIAMS CONSTRUCTION INC

FILED Sep 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12924-1 NUNGEZER ROAD JACKSONVILLE, FL 32226 12930 NUNGEZER ROAD JACKSONVILLE, FL 32226 JACKSONVILLE, FL 32226

Current Mailing Address: New Mailing Address:

12924-1 NUNGEZER ROAD
JACKSONVILLE, FL 32226

12930 NUNGEZER ROAD
JACKSONVILLE, FL 32226

JACKSONVILLE, FL 32226

FEI Number: 20-2698463 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, GROVER L
12924-1 NUNGEZER ROAD
JACKSONVILLE, FL 32226 US

WILLIAMS, GROVER L
12930 NUNGEZER ROAD
JACKSONVILLE, FL 32226 US

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.

SIGNATURE: GROVER L WILLIAMS 09/06/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

election campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete
Name: WILLIAMS, GROVER L
Address: 12924-1 NI INGEZER ROA

Address: 12924-1 NUNGEZER ROAD City-St-Zip: JACKSONVILLE, FL 32226

Title: VP ( ) Delete Name: SMITH, LARRY

Address: 12924-1 NUNGEZER ROAD City-St-Zip: JACKSONVILLE, FL 32226

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition Name: WILLIAMS, GROVER L

Address: 12930 NUNGEZER ROAD City-St-Zip: JACKSONVILLE, FL 32226

Title: VP (X) Change ( ) Addition

Name: SWANSON, RONALD
Address: 12930 NUNGEZER ROAD
City-St-Zip: JACKSONVILLE, FL 32226

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GROVER L WILLIAMS PTSD 09/06/2006