
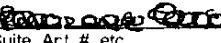
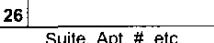
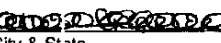



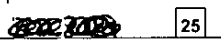
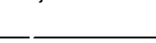
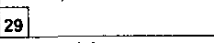
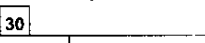



FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90188 025 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P08937			
1. Corporation Name DALE WILLIAMS PROPERTIES, INC.			
Principal Place of Business 3407 ELLEN AVE HEBRON KY 41048-9670		Mailing Address 3407 ELLEN AVE HEBRON KY 41048-9670	
2. Principal Place of Business		2a. Mailing Address	
21.  Suite, Apt. #, etc.		26.  Suite, Apt. #, etc.	
22.  City & State		27.  City & State	
23.  Zip Country		28.  Zip Country	
24.  25. 		29.  30. 	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83.  84. City FL 85. 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: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WILLIAMS, DALE T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3407 ELLEN AVE	1.2 NAME	
STREET ADDRESS	HEBRON KY	1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE	V WILLIAMS, RANSOM	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3383 ELLEN AVE	2.2 NAME	
STREET ADDRESS	HEBRON KY	2.3 STREET ADDRESS	3407 ELLEN AVENUE
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	HEBRON KY 41048
TITLE	S WILLIAMS, MARY E	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3407 ELLEN AVE	3.2 NAME	
STREET ADDRESS	HEBRON KY	3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	T WILLIAMS, MARY E	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3407 ELLEN AVE	4.2 NAME	
STREET ADDRESS	HEBRON KY	4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. 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.

SIGNATURE: Mary E. Williams MARY E. WILLIAMS 4-25-99  
\_\_\_\_\_  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)