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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P29404

(1)

FILED								
Feb 10 1998 8:00am	1							
Secretary of State								

RUBY	B. WILLIAMS COMPANY, II	NC.					
157 SIXTH AVE NE ST. PETERSBURG FL 33701 US		157 6TH AVE NE ST PETERSBURG FL 33701 US			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 05/17/1990	i
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied	For
21		26				<b>62-0642186</b> Not App	olicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Require	
City & Stat	0	City & State				6. Election Campaign Financing \$5.00 May	Be
23		28				Trust Fund Contribution Added to Fee	
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the current year Intangib	
24	25	29	30			Personal Property Tax due June 30. X Yes No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent	
WI	lliams, ruby B.		}	81	Name		
	5 SIXTH AVE., N.E.		f	82	Street Add	dress (P.O. Box Number is Not Acceptable)	
ST	PETERSBURG FL 33701		Ĺ	_			
				83			
				84	City	FL 85 Zip Code	
office or r	to the provisions of Sections 607.05 ogistered agent, or both, in the Statim familiar with, and accept the obli	e of Horida. Such change was	authorized	Ιbγ	the corpora	rporation submits this statement for the purpose of changing its registation's board of directors. I hereby accept the appointment as regist	istered tered
SIGNATURE							
SIGNATURE	Signature, typed or printers raine of registered a	god and life if applicable (NO	II Regislered	Ager	ni signature req	uired when reinstating) DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PD	☐ DELFTE	1.1 (1)	ίĒ		L. Change L	Addition
NAME	WILLIAMS, RUBY B.		1 2 NA	12 NAME			
STREET ADDRESS	155 SIXTH AVE., N.E.		1.3 STRE		ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-5		- <b>Z</b> IP		
TITLE	SD	☐ DELETE	2.1 717	2.1 TITLE		Change	Addition
NAME	SIMMONS, RACHEL		22 NA	22 NAME			ĺ
STREET ADDRESS	54 SHALLOWFORD RD.		2.3 STF	2.3 STREET ADDRESS			
CITY-ST-ZIP	CHATTANOOGA TN		2 4 CI	2 4 CITY-ST-ZIP			
TITLE	D	DECETE	3 1 111	3 1 TITLE		☐ Change ☐	Addition
NAME	SIMMONS, WILLIAM G		3 2 NA	ME			
STREET ADDRESS	50 SHALLOWFORD RD., P.C	). BOX 3193	3.3 STF	REFT A	ADDRESS		
CITY-ST-ZIP	CHATTANOOGA TN		3.4. Cf1	TY-\$1	r-ZIP		
TITLE		DELETE	4.1 FIT	LE		Change	Addition
NAME			4. 2 NA	ME			

14. Thereby 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 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 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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information i

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - ST - ZIP

44 CITY-ST-ZIP

5.1 TITLE

5 2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

KulyBullino Bres

DELETE

DELETE

2/6/98

813-824-1602

Change

Change

Addition

Addition