

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 JAN 23 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P31616** (6)

1. Corporation Name  
**JOHN L. WILLIAMS COMPANY**

Principal Place of Business Mailing Address  
**1200 WEST 4TH STREET SUITE 11 ADEL GA 31620**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>10/30/1990</b>	3a. Date of Last Report <b>02/01/1994</b>
4. FEI Number <b>58-1295454</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. <b>1203 W. 4th St.</b>	26. <b>1203 W. 4th St.</b>
State, Apt. #, etc.	State, Apt. #, etc.
22. <b>Suite 11</b>	27. <b>Suite 11</b>
City & State	City & State
23. <b>Adel Ga</b>	28. <b>Adel Ga</b>
Zip	Country
24. <b>31620</b>	25. <b>USA</b>
29. <b>31620</b>	30. <b>USA</b>

9. Name and Address of Current Registered Agent

**WILLIAMS, CHARLES  
RT. 1, BOX 525  
CRESTVIEW FL 32536**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	FL	B5 Zip Code
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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, Title, printed name of registered agent and title of appointor) \_\_\_\_\_ (Print Name, Title, Street Address, City, State, Zip of appointor) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOHN L.	12 NAME	
STREET ADDRESS	402 NEWTON DR	13 STREET ADDRESS	
CITY-ST-ZIP	ADEL GA	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOYCE M.	22 NAME	
STREET ADDRESS	402 NEWTON DR	23 STREET ADDRESS	
CITY-ST-ZIP	ADEL GA	24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct. I have read and certify that the information on this 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 or both on an attachment with an address.

SIGNATURE: *John L. Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**John L. Williams**  
Date: **1-11-95** (Print Date)  
Office: **912 896 1511** (Print Office)