FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 29 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000004051

1. Corporation Name

WILLIAMS GROVE & CATTLE, INC.

Principal Place of Business	Mailing Address
3445 S.W. COUNTY ROAD 661 ARCADIA FL 33821	2100 S TAMIAMI TRAIL SARASOTA FL 34239-3803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3445 SW COUNTY RD 661	2a. Mailing Address 26 2100 S TAMIAMI TRAIL
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23 ARCADIA FL	City & State 28 SARASOTA FL
Zip / Country 24 33821 / 25	Zip / Country 29 34239-3803 / 30

3. Date Incorporated or Qualified 11-10-92	3a. Date of Last Report 1994
4. FEI Number 65-0367700	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOROTHY V WILLIAMS 3445 S.W. COUNTY ROAD 661 ARCADIA FL 33821	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	11 TITLE	☐ Change ☐ Addition
NAME	DOROTHY V. WILLIAMS	12 NAME	100001444581
STREET ADDRESS	3445 SW COUNTY ROAD 661	13 STREET ADDRESS	-03/31/95--01020--013
CITY-ST-ZIP	ARCADIA FL 33821	14 CITY-ST-ZIP	****200.00 ****200.00
TITLE	D/S	21 TITLE	☐ Change ☐ Addition
NAME	MELANIE W. GEORGE	22 NAME	
STREET ADDRESS	3445 SW COUNTY ROAD 661	23 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	24 CITY-ST-ZIP	
TITLE	D/T	31 TITLE	☐ Change ☐ Addition
NAME	J. MARTIN WILLIAMS	32 NAME	
STREET ADDRESS	3445 SW COUNTY ROAD 661	33 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	C (-)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Dorothy V. Williams Pres. 3/29/95 (813) 494-2659
DOROTHY V. WILLIAMS (Typed or printed name of signing officer or director) (Date) (Daytime Phone #)