

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000024679 (1)

1. Corporation Name

WILLIAMS' LAWN AND LANDSCAPING, INC.



Principal Place of Business

245 GARFIELD RD.
DELTONA FL 32725

Mailing Address

245 GARFIELD RD.
DELTONA FL 32725

3. Date Incorporated or Qualified

03/31/1993

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

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City & State

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Zip

Country

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2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

Country

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4. FEI Number

59-3169422

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

WILLIAMS, DAVID S
245 GARFIELD RD.
DELTONA FL 32725

10. Name and Address of New Registered Agent

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 607.1506, 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

Signature Typed or Printed Name of New Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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WILLIAMS, DAVID S
245 GARFIELD RD.
DELTONA FL 32725

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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WILLIAMS, JANIS L
245 GARFIELD RD.
DELTONA FL 32725

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

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SIGNATURE:

DAVID S. WILLIAMS

4/17/96

(407) 574-1995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)