

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000081187 (5)**

1. Corporation Name
G.J. WILLIAMS & ASSOCIATES, INC.

Principal Place of Business Mailing Address
352 CRYSTAL RIDGE WAY LAKE MARY FL 32746

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 3. Date Incorporated or Qualified 01/01/1984 | 3a. Date of Last Report |
| 4. FEI Number | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Deemed | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 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. 851 East SR 434 | 26. State, Apt #, etc. |
| 22. 150 | 27. City & State |
| 23. Longwood FL | 28. Zip |
| 24. 32750 | 29. Country |
| 25. USA | 30. Country |

9. Name and Address of Current Registered Agent

**WILLIAMS, GREGORY J
352 CRYSTAL RIDGE WAY
LAKE MARY FL 32746**

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

11. Pursuant to the provisions of Sections 607.03(2) and 607.15(6), 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 607.03(2), Florida Statutes.

SIGNATURE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| 01. CITY | PSTD WILLIAMS, GREGORY J 352 CRYSTAL RIDGE WAY LAKE MARY FL 32746 | 1. CITY | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 02. NAME | VD WILLIAMS, DEBORAH W 352 CRYSTAL RIDGE WAY LAKE MARY FL 32746 | 2. NAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 03. STREET ADDRESS | | 3. STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 04. CITY & STATE | | 4. CITY & STATE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 05. NAME | | 5. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 06. STREET ADDRESS | | 6. STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 07. CITY & STATE | | 7. CITY & STATE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 08. NAME | | 8. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 09. STREET ADDRESS | | 9. STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. CITY & STATE | | 10. CITY & STATE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I declare by entry that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 610.03(5)(b), Florida Statutes. I further certify that the information included 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 of this report on an attached with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF HIGH OFFICER OR DIRECTOR
Deborah W Williams

4/29/95