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 MAY -1 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000029275 (2)**

1. Corporation Name

WILLIAMS, WILLS & GOLDSMITH INC.

Principal Place of Business	Mailing Address
3431 N CARNATION COURT TALLAHASSEE FL 32303	3431 N CARNATION COURT TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/18/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number — ☒ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLDSMITH, HILLARD III
161-15 CRENSHAW DR
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent

81 Name: GOLDSMITH, HILLARD III

82 Street Address (P.O. Box Number is Not Acceptable): 2094 SHANBRILA LANE

83:

84 City: TALLAHASSEE FL 85 Zip Code: 32303

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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	11 TITLE	☒ Change ☐ Addition D
NAME	WILLS, D	12 NAME	WILLS, D
STREET ADDRESS	PO BHOX 5304	13 STREET ADDRESS	P.O. BOX 5304
CITY ST ZIP	TALLAHASSEE FL 32303	14 CITY ST ZIP	TALLAHASSEE, FL. 32314
TITLE	D	21 TITLE	☒ Change ☐ Addition D
NAME	WILLIAMS, TEESIA R	22 NAME	GOLDSMITH, HILLARD III
STREET ADDRESS	1833 HALSTEAD BLVD	23 STREET ADDRESS	2094 SHANBRILA LANE
CITY ST ZIP	TALLAHASSEE FL 32308	24 CITY ST ZIP	TALLAHASSEE, FL. 32303
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GOLDSMITH, HILLARD III	32 NAME	
STREET ADDRESS	161-15 CRENSHAW DR	33 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL 32310	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	700001474467
STREET ADDRESS		43 STREET ADDRESS	-05/03/95--01176--015
CITY ST ZIP		44 CITY ST ZIP	****200.00 ****200.00
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	

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)(k), 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: Hillard Goldsmith III 5/1/95 904/562-9113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Area Code) Telephone Number

COR710 CP