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FILED

May 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000029275 (2)

1. Corporation Name

WILLIAMS, WILLS & GOLDSMITH INC.

Principal Place of Business

2004 SHANGRILA LN  
TALLAHASSEE FL 32303

Mailing Address

P.O. BOX 15922  
TALLAHASSEE FL 32317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1994

4. FEI Number

59-3283767

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 2524 COLLEEN DR.  
Suite, Apt. #, etc.

22 City & State

23 TALLAHASSEE, FL

24 Zip 32303

Country U.S.

2a. Mailing Address

26 P.O. Box 7165  
Suite, Apt. #, etc.

27 City & State

28 TALLAHASSEE, FL

29 Zip 32314

Country U.S.

9. Name and Address of Current Registered Agent

GOLDSMITH, HILLARD III  
2004 SHANGRILA LANE  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

HILLARD GOLDSMITH, III

82 Street Address (P.O. Box Number is Not Acceptable)

2524 COLLEEN DR

83

84 City

TALLAHASSEE

FL

85 Zip Code 32303

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

Hillard Goldsmith III

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/7/98

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME WILLS, D  
STREET ADDRESS PO BOX 5304 NA  
CITY-ST-ZIP TALLAHASSEE FL 32314

TITLE DP  
NAME GOLDSMITH, HILLARD III  
STREET ADDRESS ~~2004 SHANGRILA LANE~~  
CITY-ST-ZIP ~~TALLAHASSEE FL 32303~~

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE DP  
2.2 NAME GOLDSMITH, HILLARD III  
2.3 STREET ADDRESS 2524 COLLEEN DR  
2.4 CITY-ST-ZIP TALLAHASSEE, FL 32303

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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

Hillard Goldsmith III

5/7/98

5/7/98

CR2E034 (10/97)