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FILED

Mar 31 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000037877 (5)

1. Corporation Name

WILLIAMS & EUBANKS, INC.

Principal Place of Business

Mailing Address

CORNER OF HOUSTON ST. & NOBLES FERRY RD.  
LIVE OAK FL 32060

P.O. BOX 11  
LIVE OAK FL 32064  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1994

4. FEI Number

59-3248351

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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

2a. Mailing Address

25 P.O. Box 215

26 McAlpin, FL

27 32062

28 USA

9. Name and Address of Current Registered Agent

EUBANKS, KIAH A  
CORNER OF HOUSTON ST. & NOBLES FERRY RD.  
LIVE OAK FL 32060

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 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME WILLIAMS, JAMES H  
STREET ADDRESS RT 8 BOX 297 N/A  
CITY-ST-ZIP LIVE OAK FL

TITLE D  
NAME EUBANKS, KIAH A  
STREET ADDRESS PO BOX 11 N/A  
CITY-ST-ZIP LIVE OAK FL

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 D  
1.2 NAME James H. Williams  
1.3 STREET ADDRESS 17507 CR 250  
1.4 CITY-ST-ZIP Live Oak, FL 32060

2.1 TITLE D  
2.2 NAME KIAH A. Eubanks  
2.3 STREET ADDRESS P.O. Box 215 N/A  
2.4 CITY-ST-ZIP McAlpin, FL 32062

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 KIAH A EUBANKS

9/11/98

2-11-98 4:17 PM

CR2E034 (10/97)