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Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000038098 (7)**

1. Corporation Name

**WILLIAMS RANCH OF IMMOKALEE, INC.**

Principal Place of Business

**1300 N 15TH ST  
IMMOKALEE FL**

Mailing Address

**1300 N 15TH ST  
IMMOKALEE FL**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/16/1994**

4. FEI Number

**65-0499188**

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, JAMES E JR  
1300 N 15TH ST  
IMMOKALEE FL**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP  
WILLIAMS, JAMES E JR**  
STREET ADDRESS **1300 N 15TH ST**  
CITY- ST- ZIP **IMMOKALEE FL 33934**

TITLE ☐ DELETE

NAME **DV  
WILLIAMS, DIANE**  
STREET ADDRESS **1300 N 15TH ST**  
CITY- ST- ZIP **IMMOKALEE FL 33934**

TITLE ☒ DELETE

NAME **DST  
WILLIAMS, JOHN D**  
STREET ADDRESS **2903 LAKE TRAFFORD RD**  
CITY- ST- ZIP **IMMOKALEE FL 33934**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **VP  
WILLIAMS III, JAMES E.**  
1.3 STREET ADDRESS **1300 N. 15TH. STREET**  
1.4 CITY- ST- ZIP **IMMOKALEE, FL. 34142**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **S/T  
WILLIAMS, CARRIE**  
2.3 STREET ADDRESS **1300 N. 15TH. STREET**  
2.4 CITY- ST- ZIP **IMMOKALEE, FL. 34142**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

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: *[Signature]* **WILLIAMS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0444920

CR2E034 (10/97)