

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000059854 (7)

1. Corporation Name

GLENN WILLIAMS CUSTOM HOMES, INC.

Principal Place of Business

2025 LAKE CRESCENT CT.  
WINDERMERE FL 34786

Mailing Address

2025 LAKE CRESCENT CT.  
WINDERMERE FL 34786-6101



3. Date Incorporated or Qualified  
08/11/1994

3a. Date of Last Report  
01/22/1996

4. FEI Number  
59-3260708

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 ~~2025~~ 2504 Ridgewind Way  
Suite, Apt. #, etc.

2a. Mailing Address

26 ~~2025~~ 2504 Ridgewind way  
Suite, Apt. #, etc.

City & State

23 Windermere, FL

City & State

28 Windermere FL

Zip

24 34786

Country

25 Orange

Zip

29 34786

Country

30 Orange

9. Name and Address of Current Registered Agent

WILLIAMS, P G  
2025 LAKE CRESCENT CT.  
WINDERMERE FL 34786

10. Name and Address of New Registered Agent

81 Name P. G. Williams  
82 Street Address (P.O. Box Number is Not Acceptable)  
2504 Ridgewind Way  
83 Windermere  
84 City FL 85 Zip Code 34786

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 DP  
NAME WILLIAMS, P G  
STREET ADDRESS 2025 LAKE CRESCENT CT.  
CITY - ST - ZIP WINDERMERE FL 34786 ☐ DELETE

TITLE D  
NAME WILLIAMS, THESA G  
STREET ADDRESS C/O 2025 LAKE CRESCENT CT.  
CITY - ST - ZIP WINDERMERE FL 34786 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 DP ☒ Change ☐ Addition  
1.2 NAME P. G. WILLIAMS  
1.3 STREET ADDRESS 2504 Ridgewind Way  
1.4 CITY - ST - ZIP Windermere, FL 34786

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME Thesa G. Williams  
2.3 STREET ADDRESS 2504 Ridgewind Way  
2.4 CITY - ST - ZIP Windermere, FL 34786

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 do 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: P. G. Williams P. G. WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-97 407 876-4770

Date

Daytime Phone #