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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400060700 (9)

THE WILLIAMS, STAFFORD, PERKINSON GROUP, INC.

FILED Apr 29 1997 8:00am Secretary of State

SUITRE 205 5800 RIDGEWAY CENTER PARKWAY MEMPHIS TN 38120		Mailing Address	Maling Address					
		Suitre 205 5960 Ridgeway Center Parkway Memphis TN 38120-4030						
·					<ol> <li>Date Incorporated or Qualified 08/12/1994</li> </ol>		3a. Date of Last Report 03/29/1996	
	lace of Businoss	2a. Mailing Address			4. FEt Number		Applied For	
21			26		62-1575596		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, elc.		5. Certificate of Status Desired	1 1 7 7	.75 Additional ee Required		
City & State	9	City & State			6. Election Campaign Financing		5.00 May Be	
23		28			Trust Fund Contribution		dded to Fees	
Zip	Country	Zip	Countr	у	8. This corporation has liability for in		ider s. 199.032,	
24 25 9. Name and Address of Current		nt Pagistared A sent			Florida Statutes Yes No  10. Name and Address of New Registered Agent			
1A/N	LIAMS, CAROLYN S	ili negisteted Agent	81	Name	10. Name and Address of New Ret	listeren währt		
	GULF SHORES DRIVE							
#32			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
	TIN FL 32541		83	· · · · · · · · · · · · · · · · · · ·				
	,		84	City		FL 85	Zip Code	
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida Such change was gations of, Section 607.0505, F	ites, the abov authorized b Iorida Statute	re-named cor y the corpora s.	rporation submits this statement for the plation's board of directors. I hereby accep	urpose of chang tithe appointme	ging its registered ant as registered	
SIGNATURE								
40	Signature, typed or printed name of registerno as	gent and life if applicable (NO VD DIRECTORS	TE Registered Ac	iont's gnature req.	ured when recisiating)  ADDITIONS/CHANGES TO OFFIC	DATE:	CTODE IN 12	
12.	PRES	DELETE	1.1 TOLE		ADDITIONS/CHANGES TO OFFIC			
NAME	STAFFORD, SCOTT	<b></b>	1.2 NAME					
STREET ADDRESS	S 205- 5860 RIDGEWAY CTR	PKY		1 ADORESS				
CITY-ST-ZIP	MEMPHIS TN		1.4 CITY-	ST-ZIP				
TITLE	SEC	☐ DELĒTE	2.1 TITLE			☐ Cr	nange 🔲 Additio	
NAME	WILLIAMS, DUNCAN F	BUEV	22 NAME					
STREET ADDRESS	S 205 5860 RIDGEWAY CTR.	PKEY		T ADDRESS				
CITY-ST-ZIP	MEMPHIS TN	DELETÉ	2 4 CITY-	S1 - ZIP		□ CI	nange 🔲 Additio	
TITLE NAME		נ ווינניונ	3.1 TITLE 3.2 NAME			L., 01	larige [_] Additio	
STREET ADDRESS			1	1 ADDRESS				
CITY-ST-ZIP			3.4. CHTY -	i				
TITLE		DELETE	4.1 TITEF			CH	nange 🔲 Addition	
NAME			4 2 NAME					
STREET ADDRESS			4.3 STREE	I ADDRESS				
CITY-ST-ZIP		F.() F32	4.4 CITY-	S1 - ZIF				
TITLE		☐ DELEVE	5.1 TITLE			☐ Cr	nange 🔲 Additio	
NAME ADDRESS			5.2 NAME	T ADDOCEC				
STREET ADDRESS CITY-ST-ZIP				1 ADORESS				
TITLE		DELETE	5.4 CITY- 6.1 TITLE	91-4lt		□ Cr	nange Additio	
NAME		<u></u>	6.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			64 C/TY-					
	by certify that the information supplied	nd with this filing does not our			ed in Section 119 07(3)(i) Florida Statutes	I further certif	v that the	

Information indicated on this annual report or supplies with this initing dous not qualify for the exemption stated in Socion 119.07(3)(i), Florida Statules, 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 cornoration or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or find an attachment with an address.