SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED Sep 24 1998 8:00am° Secretary of State

9-1-324-7869

DOCUMENT # P9400060700 (9) THE WILLIAMS, STAFFORD, PERKINSON GROUP, INC.				
THE WILLIAMS OF A TONDY I EMMISSING GROOT WO				
Principal Place of Business Mailing Address				(IREANDA NO CONTO DIBALORAN ODIST BENTA 96/19 STALL 96/14 160/1 90/17 96/17 96/17
SUITRE 205 SUITRE 205				
5860 RIDGEWAY CENTER PARKWAY 5860 RIDGEWAY CEI			PARKWAY	
MEMPHIS TN 38120 MEMPHIS TN 38120				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				08/12/1994
2. Principal P	lace of Business	2a. Maifing Address		4. FEI Number Applied For
_		26		62-1575596 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	[28] Zip	Country	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intengible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9, Name and Address of Curren		1	10. Name and Address of New Registered Agent
WILLIAMS, CAROLYN S 81 Name				
520 GULF SHORES DRIVE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)
#323				
DESTIN FL 32541			83	
ļ			84 City	FL 85 Zip Code
11 Burelingt to the provisions of continue 607 0502 and 607 1509 Florida Statutes the shows named corrects				
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 agont, 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 ager	at and title if applicable. (N	NOTE: Registered Agent signature requ	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PRES STAFFORD, SCOTT	DELETE	1.1 TITLE	Change
NAME STREET ADDRESS	A PAR FAAR DIRAPILITY OFF BUILD		1.2 NAME 1.3 STREET ADDRESS	i
CITY-ST-ZIP	MEMPHIS TN	131	1.4 CITY-ST-ZIP	
TITLE	SEC	DELETE	2.1 TITLE	Change Addition
NAME	WILLIAMS, DUNCAN F	<u></u>	2.2 NAME	
STREET ADDRESS	S 205 5860 RIDGEWAY CTR. P	KEY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	· · · · · · · · · · · · · · · · · · ·	2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		nei ete	3.4 CITY-ST-ZIP	Change Addition
NAME		L DELETE	4.2 NAME	L_ Change L_ Addition
STREET ADDRESS			4.3 STREET ADDRESS	, with p-
CITY-ST-ZIP			4.4 CiTY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		Fig.	6.4 CITY-ST-ZIP	[Al [] + 129.
NAME ([_] DELETE	6.2 NAME	L Change L Addition
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. I hereby ce	ertify that the information supplied with	this filing does not qualify for	the exemption stated in sect	lion 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 cath; that I am an officer or director of the corporation or the celever 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 a pattachment with an address.				