

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

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1. Corporation Name

THE WILLIAMS, STAFFORD, PERKINSON GROUP, INC.



Principal Place of Business

3818 MIMOSA AVENUE  
MEMPHIS TN 38111

Mailing Address

3818 MIMOSA AVENUE  
MEMPHIS TN 38111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1994

4. FEI Number

62-1575596

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 the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2351 WOOD BRIDGE CV.

2a. Mailing Address

26 2351 WOOD BRIDGE CV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MEMPHIS, TN

City & State

28 MEMPHIS, TN

Zip

24 38119

Country

25 USA

Zip

29 38119

Country

30 USA

9. Name and Address of Current Registered Agent

WILLIAMS, CAROLYN S  
520 GULF SHORES DRIVE  
#323  
DESTIN FL 32541

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 PRES ☐ DELETE

NAME STAFFORD, SCOTT

STREET ADDRESS S 205- 5860 RIDGEWAY CTR PKY

CITY-ST-ZIP MEMPHIS TN

TITLE SEC ☐ DELETE

NAME WILLIAMS, DUNCAN F

STREET ADDRESS S 205 5860 RIDGEWAY CTR. PKEY

CITY-ST-ZIP MEMPHIS TN

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES. ☒ Change ☐ Addition

1.2 NAME SCOTT STAFFORD

1.3 STREET ADDRESS 2351 WOOD BRIDGE CV.

1.4 CITY-ST-ZIP MEMPHIS TN 38119

2.1 TITLE SEC. ☒ Change ☐ Addition

2.2 NAME DUNCAN F. WILLIAMS

2.3 STREET ADDRESS 2351 WOOD BRIDGE CV.

2.4 CITY-ST-ZIP MEMPHIS TN 38119

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

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, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)