

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000079776 (8)**

1. Corporation Name

WILLIAMSON LURES, INC.



Principal Place of Business

**1501 LUDLAN DR
MIAMI SPRINGS FL 33166
US**

Mailing Address

**1501 LUDLAN DR
MIAMI SPRINGS FL 33166
US**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**DAVIS, JOHN A
1501 LUDLAN DR
33166 SPRINGS FL 33014**

3. Date Incorporated or Qualified

10/28/1994

3a. Date of Last Report

05/11/1995

4. FET Number

65-0532169

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

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 607.1608, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Agent for Service of Process

Signature of Registered Agent or Agent for Service of Process

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

**PSD
DAVIS, JOHN A
1501 LUDLAN DR
MIAMI SPRINGS FL**

☐ DELETED

2. NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE

☐ DELETED

4. NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE

☐ DELETED

6. NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE

☐ DELETED

8. NAME

STREET ADDRESS

CITY-STATE-ZIP

9. TITLE

☐ DELETED

10. NAME

STREET ADDRESS

CITY-STATE-ZIP

11. TITLE

☐ DELETED

12. NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE

☐ Change

☐ Addition

2. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE

☐ Change

☐ Addition

3. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE

☐ Change

☐ Addition

4. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE

☐ Change

☐ Addition

5. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE

☐ Change

☐ Addition

6. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am an officer or director of the corporation or the receiver or trustee or person 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 in an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96 705 863-0000

CR2E034 (12/95)