

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000091366 (2)

1. Corporation Name

WILLIAMSON ENTERPRISES OF WATERTOWN, INC.



Principal Place of Business

Mailing Address

5130 BROAD ST  
BROOKSVILLE FL 34801

P.O. BOX 10761  
BROOKSVILLE FL 34801

3. Date Incorporated or Qualified 12/19/1994	3a. Date of Last Report 09/27/1995
4. FEI Number 59-3283115	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOGAN, THOMAS S JR  
20 S BROAD ST  
BROOKSVILLE FL 34801

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 fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSD  
WILLIAMSON, NANCY L  
5130 BROAD ST  
BROOKSVILLE FL 34801

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VTD  
WILLIAMSON, DARREN C  
5130 BROAD ST  
BROOKSVILLE FL 34801

☒ DELETE

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

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41 TITLE  
42 NAME  
43 STREET ADDRESS  
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51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

VTD  
Carpenter, Paul  
5130 Broad St.  
Brooksville, FL 34601

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, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nancy S. Williamson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96

352-796-9551

Date

Original Filing #

CR2E034 (3/96)