

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90272 048 ***150.00

DOCUMENT # **P94000091366 (2)** ✓

1. Corporation Name
WILLIAMSON ENTERPRISES OF WATERTOWN, INC.

Principal Place of Business

**5130 BROAD ST
BROOKSVILLE FL 34601**

Mailing Address

**P.O. BOX 10761
BROOKSVILLE FL 34601**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1994

4. FEI Number

59-3283115

5. Certificate of Status Desired ☐

\$8.75

Fee

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00

Assess. Fee

8. This corporation owes or has paid the current year's
Personal Property Tax due June 30 ☐

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**HOGAN, THOMAS S JR
20 S BROAD ST
BROOKSVILLE FL 34601**

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 designating an 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 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PSD	1.1 TITLE	
NAME	WILLIAMSON, NANCY L	1.2 NAME	
STREET ADDRESS	5130 BROAD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34601	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	
NAME	CARPENTER, PAUL	2.2 NAME	
STREET ADDRESS	5130 BROAD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		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 in person by 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 the information in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nancy L. Williamson April 29, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(352) 296-9551