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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 1 Secretary of State DIVISION OF CORPORATIONS

		- Marie Inves	
DOCUMENT  1. Corporation Name	#	P95000018190	(5)

WILLIAMS-POWELL FARM, INC.

Principal Place of Business				
4646 ALGONOUIN AVENUE JACKSONVILLE FL 32210				

21

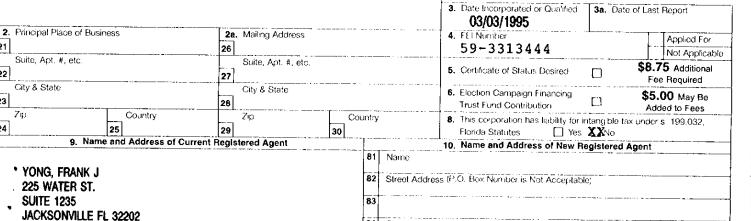
22

23

24

Mailing Address

4646 ALGONOUIN AVENUE JACKSONVILLE FL 32210



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 houself of decodors. It is statement for the purpose of changing its registered office

84 City

familiar wit	h, and accept the obligations of, Section 607.0505, Florida Statutes.	o by the corporation's	r beard of offections: if hereby accept the appointment as registered agent. I am
SIGNATURE	Signature systed on printed harms of registered agont and trient applicable. (40) p		
12.	OFFICERS AND DIRECTORS	Flogistered Agreet signature in	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TillE	Carol T. Cassidy Direction	1. 1 1014	Change Addition
NAME		1.2 NAME	
STREET ADDRESS	4646 Algonquin Are	1.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, Fl. 32210	1.4 CHY - ST - ZIP	
THILF	- FI DELET	2 1 1111.15	Change Addition
NAME	Daniel C. Johnson, Director	2.2 NAME	
STHEET ADDRESS	6247 Hwy 83	23 STREET ADDRESS	
CITY-ST-ZIP	Defuniak springs #1 324-33	24 CI*Y-S1-ZIF	,
THILE	F 05:536	3 1 TITLE	. Change Addition
NAME	Gwendelyn ?. Tuten, Director	3.2 NAME	
STREET ADDRESS	Rt 4 Box 28	3.3 STREET ADDRESS	
CITY-ST-ZIP	Jasper, F1 32052	3.4 CITY - \$1 - ZIP	
TITLE	□ DELETE	& 1 TITLE	Change Addition
NAME		4.2 NAME	_ · · · <del>_</del>
STREET ADDRESS		4.3 STREET ADDRESS	
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	
C-TY-ST-Z:P		5.4 CITY - ST - ZIP	
TIFE	DELETE	6 1 TITLE,	00000175905tbg - Addition
NAME		6.2 NAME	-03/27/9601017029
STREET ADDRESS		6.3 STREET ADDRESS	***200.00 01011 02.5
		■ 1	<u> </u>

6.4 C(1) Y - S1 - Z(P 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and occs not qualify for the exemption stated in Section 119.07(3)(k). Florida State 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 eath; 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 the appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

1/31/96

(904) 389-2490

85

Zip Code