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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000020153 (9)**

1. Corporation Name

T. WILLIAMSON ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~10522 DOWN LAKEVIEW CIRCLE~~ ~~WINDERMERE FL 34786~~ 3400 MT. BONNELL ROAD AUSTIN, TEXAS 78731-5850	~~P.O. BOX 1725~~ ~~WINDERMERE FL 34786~~ P.O. BOX 684765 AUSTIN, TEXAS 78768-4765

3. Date Incorporated or Qualified: 03/10/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 3400 MT. BONNELL ROAD
22: Suite, Apt. #, etc.
23: City & State: AUSTIN, TX
24: Zip: 78731-5850 Country: 25:

2a. Mailing Address
26: P.O. BOX 684765
27: Suite, Apt. #, etc.
28: City & State: AUSTIN, TX
29: Zip: 78768-4765 Country: 30:

4. FEI Number: ☐ 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

9. Name and Address of Current Registered Agent

WILLIAMSON, THOMAS A
~~10522 DOWN LAKEVIEW CIRCLE~~
~~WINDERMERE FL 34786~~

10. Name and Address of New Registered Agent

81 Name: WILLIAMSON, THOMAS A.
82 Street Address (P.O. Box Number is Not Acceptable): 324 PARK AVENUE NORTH
83:
84 City: WINTER PARK FL 85 Zip Code: 32789

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: Thomas A. Williamson — 3.26.96 DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR, PRESIDENT WILLIAMSON, THOMAS A ~~10522 DOWN LAKEVIEW CIRCLE~~ ~~WINDERMERE FL 34786~~ 3400 MT. BONNELL RD AUSTIN, TX 78731	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR, EX VP, TREASURER WILLIAMSON, KATHRYN W. 3400 MT. BONNELL ROAD AUSTIN, TEXAS 78731	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR, SECRETARY, VP WILLIAMSON, THOMAS J. 3400 MT BONNELL ROAD AUSTIN, TEXAS 78731	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas A. Williamson — 3/26/96 — (512) 451-8546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)