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Jan 20 1998 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



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

DOCUMENT # P95000020153 (9)

1. Corporation Name
T. WILLIAMSON ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1995

4. FEI Number

59-3304026

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 owes ~~on~~ ~~has paid~~ the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

Principal Place of Business

**3400 MT. BONNELL ROAD
AUSTIN TX 78731-5850
JIS**

Mailing Address

**PO BOX 684765
AUSTIN TX 78768-4765
US**

2. Principal Place of Business

2a. Mailing Address

316 WEST 12TH STREET

Suite, Apt. #, etc.

SUITE 212

Suite, Apt. #, etc.

City & State
AUSTIN, TEXAS

City & State

Zip
78701-1840

Country
U.S.A.

Zip

Country

9. Name and Address of Current Registered Agent

**WILLIAMSON, TOMAS-A
324 PARK AVE NORTH
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

81 Name **CT CORPORATION SYSTEM**
82 Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
83
84 City **PLANTATION** FL 85 Zip Code **33324**

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 **CT CORPORATION SYSTEM (See attached)**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D WILLIAMSON, THOMAS A**
STREET ADDRESS **324 PARK AVENUE NORTH**
CITY-ST-ZIP **INTER PARK FL 32789**

TITLE ☐ DELETE
NAME **DEVI WILLIAMSON, KATHRYN W**
STREET ADDRESS **3400 NT. BONNELL ROAD**
CITY-ST-ZIP **AUSTIN TX 78731-5850**

TITLE ☐ DELETE
NAME **VPS WILLIAMSON, THOMAS J**
STREET ADDRESS **3400 MT. BONNELL ROAD**
CITY-ST-ZIP **AUSTIN TX 78731-5850**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **D, C WILLIAMSON, THOMAS A.**
1.3 STREET ADDRESS **316 WEST 12TH STREET, SUITE 212**
1.4 CITY-ST-ZIP **AUSTIN, TX 78701-1840**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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

1-5-97 512-708-9376

CR2E034 (10/97)

Florida Department of State, Jim Smith, Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: T. WILLIAMSON ASSOCIATES, INC.

1b. Date of incorporation March 13, 1995 Document number P95000020153

2. The name and address of the current registered agent and office:

h
Tomas A. Williamson, 324 Park Avenue North

Winter Park, Florida 32789

3. The name and address of the new registered agent and office:
(P.O. Box Not Acceptable)

C T CORPORATION SYSTEM

c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation, Florida 33324

The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Thomas A. Williamson

SIGNATURE

12/27/97

DATE

A.

Thomas J. Williamson, President

Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

C T CORPORATION SYSTEM

SIGNATURE BY:

(Registered Agent)

DATE

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314