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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000038573 (8)

CHARLES R. WILLIAMS, INC. Principal Place of Business Mailing Address MEADOWBROOK LAUNDRY 2231 LAKESHORE DRIVE NORTH ORANGE PARK'FL 32073 186 ARORA BLVD DO NOT WRITE IN THIS SPACE **ORANGE PARK FL 32073** 3. Date incorporated or Qualified 05/15/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3312737 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **A1** Name WILLIAMS, CHARLES R 2231 LAKE SHORE DR N Street Address (P.O. Box Number is Not Acceptable) **ORANGE PARK FL 32073** 83 84 City 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. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITEF WILLIAMS, CHARLES R 12 NAME NAME 2231 LAKE SHORE DR N STREET ADDRESS 1.3 STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change 2.1 TITLE Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS City-St-7iP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME

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 30 on an attachment with an address

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1142690588

CR2E034

FILED

Apr 27 1998 8:00am

Secretary of State