

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 20, 1996 08:00 AM
Secretary of State

DOCUMENT # P95000039431 (8)

1. Corporation Name

WILLIAMS PROFESSIONAL SERVICES, INC.



Principal Place of Business

**907-A GAMBLE ST
TALLAHASSEE FL 32310**

Mailing Address

**907-A GAMBLE ST
TALLAHASSEE FL 32310**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 **1020 Bob White Dr**

27 **Tallahassee, FL**

28 City & State

32310

29 Zip

30 Country

3. Date Incorporated or Qualified

05/18/1995

3a. Date of Last Report

4. FFL Number

59-3314676

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

**WILLIAMS, RAYMOND T SR
1020 BOB WHITE DR
TALLAHASSEE FL 32310**

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 607.1503, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, RAYMOND T SR	
STREET ADDRESS	1020 BOB WHITE DR	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, RAYMOND J R	
STREET ADDRESS	7627 SHADOW BAY DR	
CITY-ST-ZIP	CALLAWAY FL 32404	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, BRENT J	
STREET ADDRESS	PO BOX 561261	
CITY-ST-ZIP	CHARLOTTE NC 28256	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	3614 KEVIN ST
24 CITY-ST-ZIP	TALLAHASSEE, FL 32301
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	2434 Eucalyptus Rd
34 CITY-ST-ZIP	Charlotte, NC 28269
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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:

Raymond Williams Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96

(904) 561-6750
DATE OF FILING

CR2E034 (12/95)