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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000039431 (8)

1. Corporation Name
WILLIAMS PROFESSIONAL SERVICES, INC.



Principal Place of Business: 907-A GAMBLE ST TALLAHASSEE FL 32310
Mailing Address: 1020 BOB WHITE DR TALLAHASSEE FL 32310-6906 US

3. Date Incorporated or Qualified: 05/18/1995
3a. Date of Last Report: 03/20/1996
4. FEI Number: 59-3314676
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent
WILLIAMS, RAYMOND T SR
1020 BOB WHITE DR
TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent
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 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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: _____ DATE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
1.11 TITLE: PD
1.12 NAME: WILLIAMS, RAYMOND T SR
1.13 STREET ADDRESS: 1020 BOB WHITE DR
1.14 CITY-ST-ZIP: TALLAHASSEE FL 32310
1.21 TITLE: VD
1.22 NAME: WILLIAMS, RAYMOND J R
1.23 STREET ADDRESS: 3014 KEVIN ST
1.24 CITY-ST-ZIP: TALLAHASSEE FL
1.31 TITLE: VD
1.32 NAME: WILLIAMS, BRENT J
1.33 STREET ADDRESS: 2434 EARGLE RD
1.34 CITY-ST-ZIP: CHARLOTTE NC
1.41 TITLE: _____
1.42 NAME: _____
1.43 STREET ADDRESS: _____
1.44 CITY-ST-ZIP: _____
1.51 TITLE: _____
1.52 NAME: _____
1.53 STREET ADDRESS: _____
1.54 CITY-ST-ZIP: _____
1.61 TITLE: _____
1.62 NAME: _____
1.63 STREET ADDRESS: _____
1.64 CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.11 TITLE: _____ Change Addition
1.2 NAME: _____
1.3 STREET ADDRESS: _____
1.4 CITY-ST-ZIP: _____
2.1 TITLE: _____ Change Addition
2.2 NAME: _____
2.3 STREET ADDRESS: TALLAHASSEE, FL 32301
2.4 CITY-ST-ZIP: _____
3.1 TITLE: _____ Change Addition
3.2 NAME: _____
3.3 STREET ADDRESS: CHARLOTTE, NC 28269
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 do 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 included 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 in an attachment with an address.

SIGNATURE: *Raymond Williams Jr* DATE: Mar 13, 1997 (904) 878-1961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)