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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000045279 (3)

1997

R.D. WILLIAMSON, INC.

FILED May 09 1997 8:00am Secretary of State



Principal Pla	ibé of Besiness	Mailing /	Mailing Address				f samtswar sin saint dietet matet datet matet datet dans mitte state tanen sole saar				
17441 NW 12 PEMBROKE I	? ST Pines fl 33029	17441 NW 12 ST PEMBROKE PINES FL 33029-3125									
							3. Date Incorporated or Qualified 06/06/1995		e of Last f	Report	
2. Principal	Place of Business	2a. Mailu	ng Address				4, FEI Number			pplied For	
21		26					65-0604110		N	ot Applicable	
Suito, Ap	t #, etc	Suite 27	, Apt. #, etc				5. Certificate of Status Desired			Additional equired	
City & Sta	ate		& State			····	6. Election Campaign Financing	***************************************	\$5.00	May Be	
23		28					Trust Fund Contribution			to Fees	
Zip	Country	Zip		Cour	itry		8. This corporation has liability for in	ntangible t	ax under s	. 199.032,	
24	25	29		30				Yes			
	9. Name and Address of Curre	nt Registered	Agent				10. Name and Address of New Re	Istered A	gent		
WI	LLIAMSON, RICHARD D				B1	Name					
17441 NW 12 ST PEMBROKE PINES FL 33029					82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)			
				Ĩ	83						
				Ī	B4	City		FL	85 Zip	Code	
44 0	a to the arguidates of Continue COT CO	00 and 607 466	10 Florida Nati	too the sh	\perp	named of	poration submits this statement for the p		obondina	te raniatara	
SIGNATURE	Signature, typed or (* ellect name of registered ag		able (NO				ilion's board of directors. I hereby acception is board of directors. I hereby acception is board of directors. ADDITIONS/CHANGES TO OFFICE.	DATE		,	
TULF	D	E CITE OTOTA	DELETE	1.1 (1)	LE.	D		2,10,1112	Change	Addition	
NAMÉ	WILLIAMSON, WENDY D			1.2 NA				b	•	<i>F</i>	
STREET ADDRESS						ADDRESS 7	JILLIAMSON, RICHARD 1441 NW 12th Street				
CITY - ST - ZIP	PEMBROKE PINES FL 33029			1,4 017		710	enbroke Pines FL 33	n 19			
TITLE	TEMPTIONE TIMES TE GOOZE		DELETE	2.1 7171	•		51.570.5€ 7.1455, 7.0 53.	<u> </u>	Change	Addition	
NAME				2 2 NAI							
STREET ADDRESS	, }			1		ADDRESS					
City-St-ZiP				2. 4 CfT							
1/1/F		***************************************	DELETE	3.1 TITI			· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME				3.2 NAI	ME	1					
STREET ADDRESS	,				-	ADORESS					
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HILF			DELETE	4.1 TiTi					Change	Addition	
NAMI	1			4. 2 NA	ME	\					
STREET ADORESS	5			4 3 STR	REET	ADDRESS					
CITY+ST_ZIP				4.4 CIT	Y-\$1	r-ZIP					
11711			DELETE	5.1 TITI					Change	Addition	
NAME				5.2 NAI	ME	1					
STREET ADDRESS	5			5.3 STF	REET	ADDRESS					
CITY-S1-ZiP				5.4 CIT							
Title			DELETE	6.1 TiTl					Change	Addition	
MAME				62 NA	ME						
STEEL ADORES	S			63 STF	REET.	ADDRESS					
CITY - ST-ZIP				6.4 017		i					

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 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: