


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

FILED

May 05 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 # 1. Corporation Name: ALL-READY HOME REALTY, INC. TIM WILLIAMS BROKER 8920 N. PALAFOX ST. PENSACOLA, FL 32534		3. Date Incorporated or Qualified 07-10-1995	
Principal Place of Business ALL-READY HOME REALTY, INC. TIM WILLIAMS BROKER 8920 N. PALAFOX ST. PENSACOLA, FL 32534		3a. Date of Last Report 4-15-96	
2. Principal Place of Business 21 Suite Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite Apt. #, etc. 27 City & State 28 Zip Country	
4. FEI Number 59-3361238		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent Williams, Jacob Timothy, Senior 8920 1/2 N. Palafox St. Pensacola FL 32534		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 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 in accordance with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE: <i>Jacob Timothy Williams, Sr. - President</i> (New Address) 4-26-96 <small>(NOTE: Registered Agent signature required when reinstalling)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: Pd 12 NAME: Williams, Jacob T. 13 STREET ADDRESS: 8920 N. Palafox St. 14 CITY-ST-ZIP: Pensacola FL 32534		11 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 13 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 14 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
21 TITLE: <input type="checkbox"/> DELETE 22 NAME: <input type="checkbox"/> DELETE 23 STREET ADDRESS: <input type="checkbox"/> DELETE 24 CITY-ST-ZIP: <input type="checkbox"/> DELETE		21 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 23 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 24 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
31 TITLE: <input type="checkbox"/> DELETE 32 NAME: <input type="checkbox"/> DELETE 33 STREET ADDRESS: <input type="checkbox"/> DELETE 34 CITY-ST-ZIP: <input type="checkbox"/> DELETE		31 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 33 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 34 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
41 TITLE: <input type="checkbox"/> DELETE 42 NAME: <input type="checkbox"/> DELETE 43 STREET ADDRESS: <input type="checkbox"/> DELETE 44 CITY-ST-ZIP: <input type="checkbox"/> DELETE		41 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 43 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 44 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
51 TITLE: <input type="checkbox"/> DELETE 52 NAME: <input type="checkbox"/> DELETE 53 STREET ADDRESS: <input type="checkbox"/> DELETE 54 CITY-ST-ZIP: <input type="checkbox"/> DELETE		51 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 53 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 54 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
61 TITLE: <input type="checkbox"/> DELETE 62 NAME: <input type="checkbox"/> DELETE 63 STREET ADDRESS: <input type="checkbox"/> DELETE 64 CITY-ST-ZIP: <input type="checkbox"/> DELETE		61 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 63 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 64 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 on an attachment with an address.			
SIGNATURE: <i>Jacob T. Williams, Sr.</i>		4-26-96 904 464-3857	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E034 (9/96)