

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT# P96000042116

1. Corporation Name

DU-MAR WILLIAMS ENTERPRISES, INC.

Principal Place of Business

114 SW EYERLY AVE
PT ST LUCIE FL 34983

Mailing Address

114 SW EYERLY AVE
PT ST LUCIE FL 34983

2. Principal Place of Business

21 1432 S.E. COLCHESTER CIR
Suite, Apt. #, etc.

2a. Mailing Address

26 1432 S.E. COLCHESTER CIR
Suite, Apt. #, etc.

City & State

23 PT ST LUCIE FL.

Zip Country

24 34952 25 USA

City & State

28 PT ST LUCIE FL.

Zip Country

29 34952 30 USA.

9. Name and Address of Current Registered Agent

WILLIAMS, DUANE
114 SW EYERLY AVE
PT ST LUCIE FL 34983

3. Date Incorporated or Qualified

05/16/1996

4. FEI Number

65-0658659

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

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

SIGNATURE

Duane R. Williams
Signature, typed or printed name of registered agent and title if applicable.

DUANE R. WILLIAMS

4-6-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WILLIAMS, DUANE
STREET ADDRESS 114 S.W. EVERLY AVE.
CITY-ST-ZIP PORT ST. LUCIE FL
☐ DELETE

TITLE VPT
NAME WILLIAMS, MARION
STREET ADDRESS 114 S.W. EVERLY AVE.
CITY-ST-ZIP PORT ST. LUCIE FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1432 S.E. COLCHESTER CIR.
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME WILLIAMS, MARILYN
2.3 STREET ADDRESS 1432 S.E. COLCHESTER CIR.
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE:

Duane R. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99

Date

561-468-9322

Daytime Phone #

0513501

CR2E034 (11/98)

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90074 050 ***150.00



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