Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90057 030 \*\*\*158.75

## 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 # P96000067494

JOHN WILLIAMS BUILDERS, INC.

Principal Place	e of Business	Mailing Addres	s			7 100/1100/ 178 101/10	BSTRE MAIST ARSTE ANTEN ANS		Bill Brat 1881
8635 SCENIC HILLS DRIVE		8635 SCENIC HI	8635 SCENIC HILLS DRIVE						
PENSACOLA FL 32514		PENSACOLA_FL_32514			DO	DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated of		10 01 7102	
						08/08/1996	· duames		
2. Principal P	lace of Business	2a. Mailing Add	dress			4. FEI Number		Api	plied For
21	,000 0, 200	26				59-3405087		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certifcate of Status	Desired \	\$8.75 A	
22		27				3. Certificate of Status	Desired	Fee Re	quired
City & Stat	e	City & Stat	е			6. Election Campaign	Financing	\$5.00	
23		28				Trust Fund Contribu	rtion	Added to	o Fees
Zip	Country	Zip `	_	Country		8. This corporation ow	•		
24	25	29	. 30	0]		Personal Property T			□No
	9. Name and Address of Curr	ent Registered Agen	<u> </u>	81	Name	10. Name and Address	s of New Registere	u Agent	
WILL	JAMS, JOHN E			["]	Hame				
8635 SCENE HILLS DR				82	Street A	Address (P.O. Box Number is N	lot Acceptable)		
	SACOLA FL 32514			83		<del></del>			
, 2.10				55					
				84	City		F	85 Zip C	Code
44 D	to the provisions of Sections 607.0	E02 and 607 1508 Ele	vrida Statutos	the above	-named i	corporation submits this statem	ent for the purpose	of changing its	registered -
office or r	registered agent, or both, in the Sta	ite of Florida. Such cha	ange was auth	nonzed by	tne corpo	oration's board of directors. I he	reby accept the app	pointment as req	gistered
agent. I a	m familiar with, and accept the obli	igations of, Section 60	7.0505, Flond	a Statutes	•				J
SIGNATURE	Signature, typed or printed name of registered a								
		nent and title if applicable	(NOTE: Re	edistered Agen	t signature re	equired when reinstating)	DATE		1
12.		AND DIRECTORS	(NOTE: Re	egistered Agen	t signature re	equired when reinstating) ADDITIONS/CHANG		AND DIRECTO	RS IN 12
12.		AND DIRECTORS	(NOTE: Re	<u> </u>	t signature re			AND DIRECTO	RS IN 12
	OFFICERS /	AND DIRECTORS	`	13.	t signature re				
TITLE NAME	OFFICERS /	AND DIRECTORS	`	13. 1.1 TILE					
TITLE NAME STREET ADDRESS	OFFICERS / P WILLIAMS, JOHN E	AND DIRECTORS	`	13. 1.1 ΠΤΕ 1.2 NAME	ADDRESS				☐ Addition
TITLE NAME	P WILLIAMS, JOHN E 8635 SCENE HILLS DR	AND DIRECTORS	`	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS				
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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.

6 4 CITY-ST-ZIP

SIGNATURE: