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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000088328 (5)

WILLIAMS REST-EEZ, INC.

FILED Feb 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 14920 DILBECK DRIVE 14920 DILBECK DRIVE SPRING HILL FL 34610 SPRING HILL FL 34610 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/25/1996 2. Principal Place of Business 2a. Mailing Address 65-0720059 FEI Number Applied For 21 APPLIED FOR Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes ΠÑο 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WILLIAMS, DALLAS K 14920 DILBECK DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34610 83 84 City Zio 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE __ Change WILLIAMS, DALLAS K NAME 1.2 NAME 14920 DILBECK DRIVE STREET ADDRESS 1.3 STREET ADDRESS **SPRING HILL FL 34610** CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change Addition TITLE 21 TITLE 22 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-\$1-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME **53 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE 6.1 TITLE Addition TITLE NAME 62 NAME 63 STREET ADDRESS STREET ADDRESS 6.4 City-St-ZiP CITY-ST-ZIP

14. Thereby 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 13 if changed, or on an attachment with an address.

SIGNATURE: Palla K William

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