

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000098445 (5)

1. Corporation Name  
WILLIAMS & SON MASONRY INC.



Principal Place of Business  
106 CYPRESS DR.  
BOSTWICK FL 32007  
US

Mailing Address  
POST OFFICE BOX 485  
BOSTWICK FL 32007  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/02/1996

4. FEI Number  
59-3409200

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 106 Cypress Dr.  
Suite, Apt. #, etc.

22 City & State  
23 Bostwick, FL

24 Zip  
25 32007  
Country  
26 USA

27 City & State  
28 Bostwick, FL

29 Zip  
30 32007  
Country  
31 USA

9. Name and Address of Current Registered Agent

WILLIAMS, KIM  
6683 CRILL AVENUE  
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 106 Cypress Dr.  
84 City  
85 Bostwick  
86 FL  
87 Zip Code  
88 32007

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 *Kim Williams* *Kim Williams* *4/3/98*  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ISIAH B III	
STREET ADDRESS	POST OFFICE BOX 485	
CITY-ST-ZIP	BOSTWICK FL 32007	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ISIAH B. III	
STREET ADDRESS	106 CYPRESS DR.	
CITY-ST-ZIP	BOSTWICK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	106 Cypress Dr.
1.4 CITY-ST-ZIP	BOSTWICK, FL 32007
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	106 CYPRESS DR.
2.4 CITY-ST-ZIP	BOSTWICK, FL 32007
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *Isiah B Williams III* *Isiah B Williams III* *11-2-98 10:41 328-3185*

CR2E034 (10/97)