

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

FILED
Aug 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000000131 (7)

1. Corporation Name

ALFRED R. WILLIAMSON, INC.



Principal Place of Business

Mailing Address

~~1826 IONIA STREET~~
~~JACKSONVILLE FL 32206~~

~~1826 IONIA STREET~~
~~JACKSONVILLE FL 32206~~

DO NOT WRITE IN THIS SPACE

P.O. Box 47963

2. Principal Place of Business

21 Suite, Apt. #, etc. 32247

22 City & State 32247

23 Zip 32247

24 Country

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2a. Mailing Address

26 Suite, Apt. #, etc. 32247

27 City & State 32247

28 Zip 32247

29 Country

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3. Date Incorporated or Qualified

01/02/1997

4. FEI Number

59-3429352

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

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Yes

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No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 State

85 Zip Code

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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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE June 30, 98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME WILLIAMSON, ALFRED R

STREET ADDRESS ~~1826 IONIA STREET~~ 2221 FORDHAM CIRCLE, N.

CITY - ST - ZIP JACKSONVILLE FL 32206

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 in an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)