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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1**9**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## P97000030834 (0) **DOCUMENT #**

WILLIAMS & LOWERY, INC.

## FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address **824 CARLTON COURT** 824 CARLTON COURT WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/04/1997 2. Principal Place of Business Mailing Address 2a. Applied For 21 Not Applicable 26 Suite, Apt #, etc. Suite, Apl. #, etc. \$8.75 Additional 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. □ No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WILLIAMS, DARRYL 824 CARLTON COURT 82 Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33884 83 84 City 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 Signature, typed or printed name of registered agent and tille if applicable (NOTE: Registered Agont signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME **WILLIAMS, DARRYL** 1.2 NAME **824 CARLTON COURT** STREET ADDRESS 1.3 STREET ADDRESS WINTER HAVEN FL 33884 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE VSTD 21 DILE NAME LOWERY, DAVE 2.2 NAME STREET ADDRESS 2840 CAYENNE AVE 2.3 STREET ADDRESS COOPER CITY FL 33206 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE Change TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME **63 STREET ADDRESS** STREET ADORESS

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.

DARRY WILL DON