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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT # P97000044086 (1)

BRIDGES & WILLIAMSON, INC.

FILED Apr 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						1 (481)441 (18 181) 1 (18 18) 1		1211 23131 121	118 8111 1881
1515 MAYFAIR RD 1515 MAYF JACKSONVILLE FL 32207 JACKSONVI			AYFAIR RD Onville FL 322 07						
						DO NOT WRITE	IN THIS SE	ACE	
	•					3, Date incorporated or Qualified 05/15/1997			
2. Principal Pl	ace of Business	2a, Mailing Addres	SS			4. FEI Number		Ar	plied For
21	SAME		SAME			4.			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								\$8.75	
22		27				Certificate of Status Desired		Fee Re	equired
City & State	9	City & State	 -			6. Election Campaign Financing		\$5.00	May Be
23	- Country	[28]	Country			Trust Fund Contribution		Added t	
Zip	Country	Zip	<u> </u>	untry		8. This corporation owes or has pa			- ~
24	25 Name and Address of Curren	29 Appletered Appent	30	Т		Personal Property Tax due June 10. Name and Address of New Re			_ No
ADA	MSTRONG, W. H.	it trogistores rigon.		81	Name	10. Hame and Madissa of New Tie	Signor M	JOIN	
	5 MAYFAIR RD			82	01	(0.0.6.1)			
JACKSONVILLE FL 32207					Street Address (P.O. Box Number is Not Acceptable)				
and the state of the second				83 SAME					
						ATM C		n=1 3: .	
tilie in	1);			84	City		FL	85 Zip (Code
11. Pursuant to office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607,1508, Florida of Florida, Such change	Statutes, the a	above ed by	-named cor the corpora	poration submits this statement for the pation's board of directors. I hereby acceptions	urpose of c of the appoi	hanging it ntment as	s registered registered
agent. I ar		ations of, Section 607.05	505, Florida Sta	atules	•				
	Signature, typied of printed name of registered age	ant and title if applicable	(NOTE: Register	ed Ager	nt signature requ	red when reinstating)	DATE		
12.	OFFICERS ANI		13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICE			
TITLE	<i></i>	∐ DEL€					L	_] Change	Addition
NAME	SAMO K	_	"	IAME					
STREET ADORESS	- Jine p	resident	_		ADDRESS				
CITY-ST-ZIP TITLE	1111 A too. 1	D I DELE	1.4 C 2.1 T	CITY - ST	1-ZIP	The second secon		Change	Addition
NAME	W.H. HYMSITOH	ام الم	/	IAME				_ Change	L_J Addition
STREET ADDRESS	1515 MAY(AIR	Rel.			ADDRESS				
CITY-ST-ZIP	JAX Ha. 2	2207		CITY-SI					
TITLE	AL CONTRACTOR	DELE			1-211			Change	Addition
NAME	Contraction of the second		321	IAME	ľ			- •	
STREET ADDRESS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		335	STREET A	ADDRESS				
CITY-ST-ZIP	Vitres.	4	3.4.1	CITY-SI	T- ZIP		_		
TITLE	Bridget Arms	trona DELE	TE 4.1 T	ITLE				Change	Addition
NAME	CONTACTOR OF THE PARTY OF THE P	2.0.	4.21	NAME					
STREET ADDRESS	12 Mid Mil	/ Col	. 4.3 S	STREET A	ADDRESS				
CITY-ST-ZIP	JAX, Tla 3	52207		ITY-ST	-2IP				
TITLE	,	' ∐ DELE				80000248	母了典	∐C hange	Addition
NAME	. ^			AME]	-04/10/98010	J702!)	
STREET ADDRESS	V. Pres. W. H. Armstron 1515 May Pair 1				ADDRESS	***150.QQ			
CITY-ST-ZIP	VIIIC -	, Dec		HTY-ST	- ZiP			Tobas	T Augus
TITLE	W. H. HMSTron	a 11 DELE			J		Ŀ	Change	Addition
NAME STREET ARRESSO	1515 MAYPAIR	ÉP	6.2 h						INV.
STREET ADDRESS		32207			ADDRESS				4-10
CITY-ST-ZIP	UNX TIME	3220		HY-SI		Section 119.07(3\/i) Florida Statutes I	further certi	futhat tha	information

remetry coming that the information supplied with this ning does not qualify for the exemption stated in Section 119.07(3)(1). 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 specified 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 changer, of or any attachment withy an address. 914-391, 1022