COF	PROFIT CORPORATION NUAL REPORT  1999  DIVISION OF G			ris e		FILED	
DOCUMENT # P9800015797					99 MAR 24 AM 10: 12		
1. Corporation Name					SECKETARY OF STATE		
WALTER	R F. WILLIAMS, INC.					CHEMICALER AND TOWN THE COME FOR THE COME AND THE COME AN	M
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Principal Place of Business Mailing Address						r selbsidati son na na se tasti antii antiin ahtiin untat tihal üttii 1880 ili 1886 ili	181
6330 WOODSPRAY LANE 5330 WOODSPRAY LANE TEMPLE TERRACE FL 33617						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 02/16/1998	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	二
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$9.75 Additional	
22 27						5. Certificate of Status Desired Fee Required	
City & State City & State						6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Ba Added to Fees	
Zip Country Zip				ntry		B. This corporation owes the current year intangible	
24 25 29					_	Personal Property Tax.   Yes  No	
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Registered Agent	
Sama a	HANC WALTED E			81	Name		- 1
, Williams, Walter F 6330 Woodspray Lane				82	Street Addr	ess (P.O. Box Number Is Not Acceptable)	
TEMPLE TERRACE FL 33617			- 1	B3			
				5.3			
			ĺ	84	City	FI 85 Zip Code	
11. Pursuant office or n	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblice	22 and 607,1508, Florida Statutes of Florida, Such change was aut alions of Section 607,0505, Florida	s, the ab Incrized da Statu	ove by t	named corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	<del>,</del> –
SIGNATURE						· · · · · · · · · · · · · · · · · · ·	
	Signature, typed or printed name of registered agent and title if applicable. (NOTE		Registered Agent signature required		Highestern required		
TITLE	OFFICERS AND DIRECTORS  DELETE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
MAME	WILLIAMS, WALTER F	Liotteir	.,			C) change (C) About	uon j
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64 CITY-ST-ZIP 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 ennual report or suppliemental ennual report is true and accurate and that my signature shall have the same legal offect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes, and that my name appears in Block 12 or Block 13 of chapter 807 an attachment with an address, with all other like empowered.

SIGNATURE:

| SIGNATURE | SIGNATURE | SIGNATURE | SIGNATURE AND TYPEG OR PRINTED NAME OF MANING OFFICER OR DIRECTOR

5.4 DITY-ST-ZIP

63 STREFT ADDRESS

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62 HAME

DELETE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CR2E034 (11/98)