


FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90013 001 ***150.00

AMOUNT DUE ON OR BEFORE 08/15/99: \$300 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000071174		
1. Corporation Name WILLIAMS AUCTION, INC.		
Principal Place of Business 2305 N.W. 142ND AVE. GAINESVILLE FL 32609	Mailing Address 2305 N.W. 142ND AVE. GAINESVILLE FL 32609	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3526872	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required.
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes the current year Intangible Personal Property.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

8. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILLIAMS, CHARLES M JR 2305 N.W. 142ND AVE. GAINESVILLE FL 32609		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	1.1 TITLE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, CHARLES M JR	1.2 NAME		1.2 NAME			
STREET ADDRESS	2305 N.W. 142ND AVE.	1.3 STREET ADDRESS		1.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32609	1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP			
TITLE	D	2.1 TITLE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, MARIETTA W	2.2 NAME		2.2 NAME			
STREET ADDRESS	2305 N.W. 142ND AVE.	2.3 STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32609	2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE		3.1 TITLE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE		4.1 TITLE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE		5.1 TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP		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: SIGNATURE REQUIRED

Charles M. Williams Jr
 CHARLES M. WILLIAMS JR

7/29/99

1-352-485-1973

CR2E034 (5/99)

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BUSINESS BOOKKEEPING SE

Phone 352-375-2797

2711 N.W. 6th Street
Suite F
Gainesville, Fl. 32609

July 13, 1999

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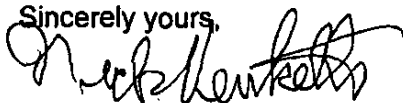
Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Our client, Williams Auction, Inc. is requesting the waiver of the \$400.00 penalty for the following reason.

Williams Auction has just recently become a client of our company, while going through his paperwork we discovered that the attached Corporation Annual Report had not been filed. When we brought this to Mr. Williams's attention, he said that he did not remember ever receiving the first notice. Since this was his first year in business, Mr. Williams was not aware that Florida had an Annual Report requirement.

Again we are requesting that your office waive the penalty.

Sincerely yours,



Nick Ventrella
Accountant/President