

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90010 008 \*\*\*150.00

DOCUMENT # S30593

1. Corporation Name  
BOB WILLIAMS BUILDERS, INC.



Principal Place of Business

4475 WOODBINE RD  
STE 6  
PACE FL 32571

Mailing Address

4475 WOODBINE RD  
STE 6  
PACE FL 32571

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1991

4. FEI Number

59-3054977

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 3342 WILLIAMS WOOD DR

2a. Mailing Address

26 3342 WILLIAMS WOOD DR

Suite, Apt. #, etc.

22 PACE, FLA

Suite, Apt. #, etc.

27 PACE FLA SANTA ROSA

City & State

23

City & State

28

Zip Country

24 32571

25

29 32571

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, ROBERT O'NEIL

4475 WOODBINE RD 3342 WILLIAMS WOOD DR  
PACE FL 32571

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 ☐ DELETE

NAME WILLIAMS, ROBERT O'NEIL

STREET ADDRESS 4475 WOODBINE RD STE 6

CITY-ST-ZIP PACE FL

TITLE VP ☐ DELETE

NAME CAROL J. WILLIAMS

STREET ADDRESS 4475 WOODBINE RD STE 6

CITY-ST-ZIP PACE FL

TITLE VP ☐ DELETE

NAME PATRICK M. CARTER

STREET ADDRESS 4475 WOODBINE RD STE 6

CITY-ST-ZIP PACE FL

TITLE S ☐ DELETE

NAME LACIE A CARTER

STREET ADDRESS 4475 WOODBINE RD STE 6

CITY-ST-ZIP PACE FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Robert O'Neil Williams

2-1-99 850.9954580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)