


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

FILED

Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S47858 (3)					
1. Corporation Name WILLIAMS ENTERPRISES, INC.					
Principal Place of Business 8302 LAWFIN STREET SOUTH JACKSONVILLE FL 32211			Mailing Address 8302 LAWFIN STREET SOUTH JACKSONVILLE FL 32211		
2. Principal Place of Business 21 11944 Harbour Cove Drive South Suite, Apt. #, etc. 22 City & State 23 Jacksonville, FL Zip 24 32225-1678		2a. Mailing Address 26 11944 Harbour Cove Drive South Suite, Apt. #, etc. 27 City & State 28 Jacksonville, FL Zip 29 32225-1678		Country 25 U.S.A. 30 U.S.A.	
9. Name and Address of Current Registered Agent WOLF, WAYNE A. 3733 UNIVERSITY BLVD. WEST SUITE 106 JACKSONVILLE FL 32217					
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL					
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 NAME STREET ADDRESS CITY-ST-ZIP D WILLIAMS, RAYMOND T. 8302 LAWFIN STREET SO. JACKSONVILLE FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 11944 Harbour Cove Drive South Jacksonville, FL 32225-1678		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WILLIAMS, SUSAN S. 8302 LAWFIN STREET SO. JACKSONVILLE FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 11944 Harbour Cove Drive South Jacksonville, FL 32225-1678		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/25/1991	
4. FEI Number 59-3065943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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: *Raymond T. Williams* **REQUIRED**

1/14/98 (904) 998-0818

CR2E034 (10/97)