

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

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S58171

1. Corporation Name
WILLIAMS ENTERPRISES OF ST. CLOUD, INC
4053 13TH ST
ST CLOUD, FL 34769-6772

Principal Place of Business: (same) Mailing Address: (same)

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
06-05-1991

4. FEI Number 593072540 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 or has paid the current year Intangible Personal Property Tax due June 30 Yes No

21. Principal Place of Business Suite, Apt #, etc	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt #, etc	27. City & State	28. Zip	29. Country	30. Country
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9. Name and Address of Current Registered Agent

WILLIAMS, KATHRYN S.
4053 13TH ST
ST CLOUD, FL 34769

10. Name and Address of New Registered Agent

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	<u>D</u>	<input type="checkbox"/> DELETE
NAME	<u>WILLIAMS, KATHRYN S.</u>	
STREET ADDRESS	<u>4053 13TH ST</u>	
CITY-ST-ZIP	<u>ST CLOUD, FL 34769</u>	
TITLE	<u>D</u>	<input type="checkbox"/> DELETE
NAME	<u>WILLIAMS, JOHN P</u>	
STREET ADDRESS	<u>4053 13TH ST</u>	
CITY-ST-ZIP	<u>ST CLOUD, FL 34769</u>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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-06/08/98-01007-032
*****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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, that I have or have been empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or in a subsequent filing with an address.

SIGNATURE: John P Williams **5/28/97** **407-892-5568**

Date: _____ Designation: _____

CR2E034 (10/97)