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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **S66453**

1. Corporation Name

WILLIAMS & COMPANY CONSTRUCT	HON, INC.				
Principal Place of Business	Mailing Address			N 1141 MIÐIT ÐIÐIT ÐIÐIT ÐIÐIT ÐIÐIT ÐIÐ	KEI MIMIC IMAC
9122 S. FEDERAL HWY.	9122 S. FEDERAL HWY.				
SUITE 260	SUITE 260			- 111 - 1110 0010	
PORT ST LUCIE FL 34952 PORT ST LUCIE FL 34952				IN THIS SPACE	
			3. Date Incorporated or Qualifed		Į
			07/11/1991		:
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	⊢	lied For
21	26 PMB #266	<u> </u>	65-0271538	\$8.75 Ac	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27 /0302 S. Fed. 1	٠٤	5. Certifcate of Status Desired	Fee Reg	
22	27 (0302 5, Fed. 1	101	6 Flatin Compains Financias	\$5.00 M	
City & State		e FL	6. Election Campaign Financing Trust Fund Contribution	Added to	
Zip Country	Zip Zip	Country	8. This corporation owes the curren		
	<u> </u>	USA	Personal Property Tax.	☐ Yes	No
9. Name and Address of Current	 	0, 00,,	10. Name and Address of New Re	gistered Agent	
THE PROPERTY OF THE PROPERTY O		81 Name			
WILLIAMS, GUY A.		BO Street Add	ress (P.O. Box Number is Not Acceptab		
9122 S. FEDERAL HWY.		82 Street Add	ress (P.O. Box Number is Not Acceptab	ie)	
SUITE 260		83		· · · · · · · · · · · · · · · · · · ·	
PORT ST LUCIE FL 34952				To	
		84 City		FL 85 Zip Ce	oae
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o 	and 607.1508, Florida Statutes	, the above-hamed corp	or a board of disposors. I horoby account	the appointment as regi	istered
agent, I am familiar with, and accept the obligation	ons of, Section 607.0505, Florid	ia Statutes.			
agent. I am familiar with, and accept the obligation SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	legistered Agent signature require	ad when reinstating)	DATE	
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6.4 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 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:

SIGNATURE AND TYPES OF NAME OF SIGNING OFFICER OR DIRECTOR