...NOTICE: CORPORATION WILL BE DISOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

APPROVED AND FILED

97 NOV 21 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S96732 (0)

1. Corporation Name
WILLIAMS PROFESSIONAL PAINTING & WATERPROOFING, INC.

Principal Place of Business	Mailing Address
2617 CANAL RD. MARAMAR FL 33025	2617 CANAL RD. MARAMAR FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/25/1991**
3a. Date of Last Report: **08/05/1996**

4. FEI Number: **65-0308323** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

9. Name and Address of Current Registered Agent
DUNCAN, MAURICE
13700 NW 19 AVE
BAY 11
MIAMI FL 33054

10. Name and Address of New Registered Agent
81 Name: Calvin Brooks
82 Street Address (P.O. Box Number is Not Acceptable): 1734 NW. 24th Pl
83
84 City: Miami, FL 85 Zip Code: 33056

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
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DVP	☐ DELETE
NAME	WILLIAMS, JEPTHA A.	
STREET ADDRESS	2617 CANAL RD	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	DST	☐ DELETE
NAME	WILLIAMS, LAURNA	
STREET ADDRESS	2617 CANAL RD	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	P	☐ DELETE
NAME	WILLIAMS, LAURNA	
STREET ADDRESS	2617 CANAL ROAD	
CITY-ST-ZIP	MIRAMAR FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

800002358308---3
-11/26/97--01096--006
****550.00 ****50.00

A. Adam
11/21/97

CR2E034 (4/97)

14. I do 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: _____ 11/21/97 407 875