

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 274485

**Entity Name:** WILLIAMS & ROWE COMPANY, INC.**Current Principal Place of Business:**5215 HIGHWAY AVE  
JACKSONVILLE, FL 32254**Current Mailing Address:**5215 HIGHWAY AVE  
JACKSONVILLE, FL 32254 US**FEI Number:** 59-1026607**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, JOHN R JR.  
5215 HIGHWAY AVENUE  
JACKSONVILLE, FL 32254 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JOHN R. WILLIAMS, JR.

04/28/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CEO
Name	WILLIAMS, JOHN R JR.
Address	4401 SR 21
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	TREASURER
Name	BESSENT, SHARON W
Address	2344 JONES RD
City-State-Zip:	JACKSONVILLE FL 32220

Title	VP
Name	WILLHOITE, KENNETH
Address	3621 DOVE TAIL LANE
City-State-Zip:	LAKELAND FL 33813

Title	PRESIDENT
Name	WILLIAMS, JAMES R
Address	12842 SWAMP OWL LANE
City-State-Zip:	JACKSONVILLE FL 32258

Title	SEC
Name	RUSSELL, JAIME R
Address	4403 SR 21
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	CFO
Name	BRADFORD, ERIC N
Address	9589 MAIDSTONE MILL DR W
City-State-Zip:	JACKSONVILLE FL 32244

Title	VP
Name	SUTTON, RONALD W
Address	2820 HOLLYBAY RD
City-State-Zip:	ORANGE PARK FL 32073

Title	VP
Name	THOMSON, GLENN
Address	14915 BAGLEY LN
City-State-Zip:	CHARLOTTE NC 28227

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ERIC N. BRADFORD

CFO

04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	VP
Name	UNDERWOOD, BARRY
Address	3285 BROKEN BRANCH LANE
City-State-Zip:	JACKSONVILLE FL 32223