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**CORPORATION
ANNUAL REPORT
1995**



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 492563 (2)

1. Corporation Name

BILL WILLIAMS AIR-CONDITIONING & HEATING, INC.

Principal Place of Business

3562 LENOX AVE
BOX 6779
JACKSONVILLE FL 32236

Mailing Address

3562 LENOX AVE
BOX 6779
JACKSONVILLE FL 32236

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified

12/15/1975

3a. Date of Last Report

06/16/1994

4. FEI Number

59-1636859

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

29. Zip

Country

9. Name and Address of Current Registered Agent

**WILLIAMS, WILLIAM
1580 LASOTA AVE
JACKSONVILLE FL 32210**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
CREECY, CHARLES N
884 LIVE OAK LANE
GREEN COVE SPR, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
HIGGINBOTHAM, IRVIN S
3515 TROUT RIVER BLVD
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
BENNETT, TALMADGE L.
5328 COUNTY RD 209 SOUTH
GREEN COVE SPR, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
WILLIAMS, WILLIAM H
1580 LASOTA AVENUE
JACKSONVILLE, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
WILLIAMS, DELORES T
1580 LASOTA AVENUE
JACKSONVILLE, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

William H Williams

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

WILLIAM H WILLIAMS, PRESIDENT

04/11/95 904-387-0491

Date

Telephone #