

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 492563 (2)
 1. Corporation Name
BILL WILLIAMS AIR-CONDITIONING & HEATING, INC .



Principal Place of Business	Mailing Address
3562 LENOX AVE BOX 6779 JACKSONVILLE FL 32236	3562 LENOX AVE BOX 6779 JACKSONVILLE FL 32236

3. Date Incorporated or Qualified 12/15/1975	3a. Date of Last Report 04/14/1995
4. FEI Number 59-1636859	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREECY, CHARLES N	1.2 NAME	
STREET ADDRESS	984 LIVE OAK LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	GREEN COVE SPR, FL 00000	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINBOTHAM, IRVIN S	2.2 NAME	
STREET ADDRESS	3515 TROUT RIVER BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, TALMADGE L.	3.2 NAME	
STREET ADDRESS	5328 COUNTY RD 209 SOUTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	GREEN COVE SPR, FL 00000	3.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, WILLIAM H	4.2 NAME	
STREET ADDRESS	1580 LASOTA AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	4.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DELORES T	5.2 NAME	
STREET ADDRESS	1580 LASOTA AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(k), 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* PRESIDENT 04/25/96 904-387-0491
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)