## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 492563

BILL WILI	LIAMS AIR-CONDITIONING	& HEATING, INC .			:					
Principal Place	of Business	Mailing Address						1 <b>08</b> (111 <b>0</b> 401)	BERTE BERTE DIRTE DE	
•		3562 LENOX AVE								
BOX 6779 BOX 6779						ממע אמד שמי	TE IN TUI	C CDACE		
JACKSONVILLE FL 32236 JACKSONVILLE FL 32236		36			ļ	DO NOT WRI	IE IN THE	S SPACE		
							Date Incorporated or Qualifed			
							12/15/1975			plied For
2. Principal Pl	lace of Business	2a. Mailing Address				1	El Number		<del></del>	plied For t Applicable
21		26				3	<u>59-1636859</u>		\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. 0	Certifcate of Status Desired		Fee Re	
22		27				<del> </del> _	The state of the s		\$5.00	
City & State	e	City & State				1	Election Campaign Financing  Trust Fund Contribution		Added t	
23		28 Zin		ountry			This corporation owes the curr	ont year li		
ı Zip	Country	Zip	30	Odini y			Personal Property Tax.	ent year n	☑ Yes	□No
24	9. Name and Address of Curre	29]	30		**		Name and Address of New I	Registere	d Agent	
	9. Name and Address of Curre	nt Registered Agent		81 N	lame					
WILL	IAMS, WILLIAM							-1-1-1		
	LASOTA AVE			82 S	treet Addres	ss (P.C	Box Number is Not Accepta	able)		
	KSONVILLE FL 32210			83				7. 3		
0.101	1001111221212								1 1 1	7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•				84 C	City			F	85 Zip (	Code 1 111
- 10 · · ·		02 and 607 1500 Florida 9	tetutos the	above-n		ration:	t - it this statement for the	purpose o	of changing its	registered
							submits this statement for the			
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga-	of Florida. Such change wations of, Section 607.0505	as authoriz , Florida St	ed by the atutes.	corporation	n's boa	submits this statement for the ard of directors. I hereby acce	pt the app	ointment as re	gistered
office or ragent. I a	m familiar with, and accept the obliga	allons of, Section 607.0505	, i jonua oi	atotes.				pt the app	ointment as re	gistered
signature	m familiar with, and accept the obligation of registered again.	ent and title if applicable.	(NOTE: Registe	red Agent sig	corporation	when rein	nstating)	DATE		
signature 12.	m familiar with, and accept the obligation of registered age OFFICERS A	allons of, Section 607.0505	(NOTE: Registe	red Agent sig		when rein		DATE		
SIGNATURE  12.  IITLE	Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable.  ND DIRECTORS	NOTE: Registe	red Agent sig 3.		when rein	nstating)	DATE	AND DIRECTO	DRS IN 12
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6.4 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:

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90060 040 \*\*\*150.00

(904) 387-0491