


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

**FILED**  
**Feb 08, 1999 8:00am**  
**Secretary of State**

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

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 492563**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/15/1975</b>	
21		26		4. FEI Number <b>59-1636859</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>WILLIAMS, WILLIAM 1580 LASOTA AVE JACKSONVILLE FL 32210</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code <b>FL</b>

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				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 checked="" 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 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: WILLIAMS, WILLIAM H SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1 8/99 (904) 387-0491  
 Date Daytime Phone #

CR2E034 (11/98)