

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 492563

**Entity Name:** BILL WILLIAMS AIR-CONDITIONING & HEATING, INC.

**Current Principal Place of Business:**

3562 LENOX AVE  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

3562 LENOX AVE  
JACKSONVILLE, FL 32254 US

**FEI Number: 59-1636859**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

WILLIAMS, DELORES T  
3562 LENOX AVE  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title V  
Name SCHWEND, DONALD R  
Address 54412 FOURACRE CIRCLE  
City-State-Zip: CALLAHAN FL 32011

Title V  
Name CHISM, BENJAMIN G  
Address 129 CHISM TRAIL  
City-State-Zip: ST GEORGE GA 31562

Title DVPS  
Name TERRY, GAIL R  
Address 6702 BEATRIX DRIVE  
City-State-Zip: JACKSONVILLE FL 32226

Title DPT  
Name WILLIAMS, DELORES T  
Address 3562 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32254

Title DPT  
Name WILLIAMS, DELORES T  
Address 3562 LENOX AVENUE  
City-State-Zip: JACKSONVILLE FL 32254

*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: GAIL R. TERRY**

**VICE PRESIDENT**

**04/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date