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May 08 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT x1894 1996		DOCUMENT # G44456 (3)	
1. Corporation Name BILLCO. INC.		2. Mailing Address 17049 Fallkirk Avenue PORT CHARLOTTE FL 33954	
3. Principal Place of Business 17049 Fallkirk Avenue PORT CHARLOTTE FL 33954		4. Date of Last Report 06/23/1993	
5. Date of Incorporation or Qualification 06/20/1983		6. Date of Last Report 06/23/1993	
7. Filing Address 17049 Fallkirk Avenue PORT CHARLOTTE FL 33954		8. Filing Address 17049 Fallkirk Avenue PORT CHARLOTTE FL 33954	
9. Name and Address of Current Registered Agent COWELL, WILLIAM P 17049 Fallkirk Avenue PORT CHARLOTTE FL 33954		10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.			
12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE P/D/T 2. NAME COWELL, WILLIAM P. 3. STREET ADDRESS 17049 Fallkirk Avenue 4. CITY-ST-ZIP PORT CHARLOTTE FL		1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY-ST-ZIP	
5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP		5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY-ST-ZIP	
9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP		9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY-ST-ZIP	
13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP		13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY-ST-ZIP	
17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP		17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY-ST-ZIP	
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-ST-ZIP	
25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY-ST-ZIP		25. TITLE 26. NAME 27. STREET ADDRESS 28. CITY-ST-ZIP	
29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY-ST-ZIP		29. TITLE 30. NAME 31. STREET ADDRESS 32. CITY-ST-ZIP	
33. TITLE 34. NAME 35. STREET ADDRESS 36. CITY-ST-ZIP		33. TITLE 34. NAME 35. STREET ADDRESS 36. CITY-ST-ZIP	
37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY-ST-ZIP		37. TITLE 38. NAME 39. STREET ADDRESS 40. CITY-ST-ZIP	
41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP		41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-ST-ZIP	
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65. TITLE 66. NAME 67. STREET ADDRESS 68. CITY-ST-ZIP		65. TITLE 66. NAME 67. STREET ADDRESS 68. CITY-ST-ZIP	
69. TITLE 70. NAME 71. STREET ADDRESS 72. CITY-ST-ZIP		69. TITLE 70. NAME 71. STREET ADDRESS 72. CITY-ST-ZIP	
73. TITLE 74. NAME 75. STREET ADDRESS 76. CITY-ST-ZIP		73. TITLE 74. NAME 75. STREET ADDRESS 76. CITY-ST-ZIP	
77. TITLE 78. NAME 79. STREET ADDRESS 80. CITY-ST-ZIP		77. TITLE 78. NAME 79. STREET ADDRESS 80. CITY-ST-ZIP	
81. TITLE 82. NAME 83. STREET ADDRESS 84. CITY-ST-ZIP		81. TITLE 82. NAME 83. STREET ADDRESS 84. CITY-ST-ZIP	
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89. TITLE 90. NAME 91. STREET ADDRESS 92. CITY-ST-ZIP		89. TITLE 90. NAME 91. STREET ADDRESS 92. CITY-ST-ZIP	
93. TITLE 94. NAME 95. STREET ADDRESS 96. CITY-ST-ZIP		93. TITLE 94. NAME 95. STREET ADDRESS 96. CITY-ST-ZIP	
97. TITLE 98. NAME 99. STREET ADDRESS 100. CITY-ST-ZIP		97. TITLE 98. NAME 99. STREET ADDRESS 100. CITY-ST-ZIP	

SIGNATURE: *W. P. Cowell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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-05/19/97--01151--021
***165.00

4/30/97 627-5591