

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

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morram
Secretary of State
DIVISION OF CORPORATIONS

95 MAR 22 PM 4:08

DOCUMENT # P94000044831 (3)

1. Corporation Name
BILLMAN ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**WILLIAM SCOTT FOSTER
909 MAR WALT DRIVE, SUITE 1014
FT WALTON BEACH FL 32547**

Mailing Address
**WILLIAM SCOTT FOSTER
909 MAR WALT DRIVE, SUITE 1014
FT WALTON BEACH FL 32547**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/07/1994

3a. Date of Last Report

4. FEI Number
59-3256213

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**FOSTER, WILLIAM S
909 MAR WALT DRIVE
SUITE 1014
FT WALTON BEACH FL 32547**

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BILLMAN, CHARLES M SR ✓
STREET ADDRESS	PO BOX 2210 N/A
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459
TITLE	C
NAME	BILLMAN, PATRICIA A
STREET ADDRESS	PO BOX 2210 N/A
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BILLMAN, CHARLES M. SR.
1.3 STREET ADDRESS	PO BOX 2210 N/A
1.4 CITY-ST-ZIP	SANTA ROSA BEACH FL 32459
2.1 TITLE	P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BILLMAN, PATRICIA A.
2.3 STREET ADDRESS	PO BOX 2210 N/A
2.4 CITY-ST-ZIP	SANTA ROSA BEACH FL 32459
3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BECK, RONALD P.
3.3 STREET ADDRESS	PO BOX 2210 N/A
3.4 CITY-ST-ZIP	SANTA ROSA BEACH FL 32459
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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: *Patricia Anne Billman* 13 March 1995 (904) 244-1399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia Anne Billman President/Director
Date Signature/Printed Name
 Secretary