COF ANNU	PROFIT RPORATION JAL REPORT 1996	DISSOLVED, MINIMUM	ON OR AFTER AUGUST 7, 1996. M AMOUNT DUE TO REINSTATE: \$375.) ORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State DIVISION OF CORPORATIONS		
	ES R. WILLIAMS, INC.		- (-,		S NEGLERAL HE MINT BUILD BEING BEST BEING BRING
Principal Plac	e of Business	Mailing Add	ress		
2231 LAKE SHORE DR N ORANGE PARK FL 32073			2231 LAKE SHORE DR N ORANGE PARK FL 32073		
A 5 (6				~	3. Date Incorporated or Qualified 05/15/1995 3a. Date of Last Report
Principal Place of Business The Principal Place of Business		2a. Mailing A	2a. Mailing Address 26		4. FEI Number
Surte, Apt. # etc		Suite, Ap	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	e	City & Sta	ate		6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28 Zip		Country	Trust Fund Contribution Added to Fees 8. This corporation has liability for intengible tax under s 193 032
24	9. Name and Address of Cu	29	30	<u></u>	Fiorida Statutes Yes No 10. Name and Address of New Registered Agent
11. Pursuant	edisteren agent de nom in me si	iare of Fiorida, Scien er	ianne was autha	83 84 City ne above named c	Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code orporation submits this statement for the purpose of changing its registered ration's board of directors. Thereby accept the appointment as registered
agent La	m familiar with, and accept the ob-	oligations or, Section 6	07.0505. Florida	Statutes	-
12.		ANO DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THTLE NAME		LJ	DELETÉ	1 1 TITLE 1 2 NAME	Chamber & Chamber & Addison & Chamber & Chambe
STREET ADDRESS				1 3 STREET ADDRESS	2231 Lake Shore Dr. N.
CITY - ST - ZIP TITLE			DELETE	1 4 CHY - ST - ZIP 2 1 TITLE	Oronge Park, Fl. 32073 Change Addition
NAME		_		2 2 NAME	
STREET ADDRESS CITY - ST - ZIP				2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	
TITLE			DELETE	3 1 TITLE	Charge Addition
NAME STREET ADDRESS				3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP		····	DELETE	3.4 CITY-ST-ZIP	
TITLE NAME			DELETE	4 1 TITLE 4 2 NAME	Change Addition
STREET ADDRESS				4 3 STREET ADORESS	
C:TY - ST - ZIP TITLE			DELETE	44 CHY-SI-ZIP 51 THE	Change Addition
NAME			Į	5 2 NAME	Coolings Coolings
STREET ADDRESS CITY - S1 - ZIP				5 3 STREET ADDRESS	
TITLE			DELETE	5.4 CHY-\$1-20 6.1 HTLE	Change Addition
NAME STREET ADDRESS			ı	6 2 NAME 6 3 STREET ADDRESS	
CITY - ST - ZIP				6.4 CITY - ST ZIP	
made und	fer oath, that I am an officer or din	on triis annual report of ector of the corporation	or supplementa: n or the receiver	annual report is tru or trustee empowe	ual fy for the exemption stated in Section 119 07(3)(k). Florida Statutes I be and accurate and that my signature shall have the same legal effect as if pred to execute this report as required by Chapter 617, Florida Statutes; and
SIGNATURE: SIMATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CHAPTER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					