

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mathiam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000070819 (4)

1. Corporation Name

WILLIAMSON INSTALLATION, INC.



Principal Place of Business

4524 CURRY FORD ROAD #258
ORLANDO FL 32812

Mailing Address

4524 CURRY FORD ROAD #258
ORLANDO FL 32812

2. Principal Place of Business

21 171 S. Central Ave

State, Apt. #, etc.

22 City & State

23 Oviedo FL

24 32765

25 USA

2a. Mailing Address

26 171 S. Central Ave

State, Apt. #, etc.

27 City & State

28 Oviedo, FL

29 32765

30 USA

3. Date Incorporated or Qualified

09/11/1995

3a. Date of Last Report

7/96

4. FIC Number

59-335-9092

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. Has corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMSON, CARL
4524 CURRY FORD ROAD #258
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name B. Nadine Repasky

82 Street Address (P.O. Box Number is Not Acceptable)

83 171 S. Central Ave

84 City Oviedo

FL

85 Zip Code 32765

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office
or registered agent, or both, in the State of Florida. Such change is authorized by the corporation's board of directors. Thereby, except the appointment as registered agent, I am
familiar with and accept the duties of Secretary of State, Florida Statutes.

SIGNATURE B. Nadine Repasky (B. NADINE REPASKY) Pres. 2-15-96

12. OFFICERS AND DIRECTORS

1. TITLE President - Secy - Treas. ☐ DELETE

NAME Carl E. Williamson

STREET ADDRESS 171 S. Central Ave

CITY-STATE-ZIP Oviedo, FL 32765

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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***208.75

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), 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:

CARL E. WILLIAMSON Pres 407-359-0060
2-15-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

2-15-96