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

PROFIT CORPORATION ANNUAL REPORT



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

1	9	b
 	 	_

P95000079987 (0)

DOCUMENT #
1. Corporation Name

BILLIN	ngs and associates GL	OBAL, INC.			
Principal Place	of Business	Mailing Address	-, · · - · · · · · · · · · · · · · · · · · ·		I TODATORI (ER EREK BONT SONT BONT BEN ADDIT FEND ADDIT FEND ADDIT FEND ADDIT FEND ADDIT FEND ADDIT FEND ADDIT
110 RUSHT Tavernier		110 RUSHTON LANE TAVERNIER FL 33070			
					3. Date Incorporated or Qualified 3s. Date of Last Report 10/16/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number Applied For
Suite, Apt. #	t ata	Suite, Apt. #, etc.			65-06/9670 Not Applicable \$8.75 Additional
22 Suite, Apr. +	r, etc.	27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zıp	Country	Ziρ	Country		8. This corporation has liability for intangible tax under s 199.032,
24	25 9. Name and Address of Curren	29	30		Florida Statutes ☐ Yes ☑ No 10. Name and Address of New Registered Agent
	9, Name and Address of Curren	r registered Agent	81	Name	10. Name and Address of New Registered Agent
HETHE	RINGTON, RANDY				Add. O.O. O. Marker is Med Assessable.
	JSHTON LANE		62	Street	Address (P.O. Box Number is Not Acceptable)
	NIER FL 33070		83		
			84	City	85 Zip Code
					FL
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	la. Such change was authorize	s, the above-r d by the corp	named co oration's	orporation submits this statement for the purpose of changing its registered office aboard of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE _					
· · . · ·	Signature, typed or printed name of registered agent		E: Registered Ager	t signature r	required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	OFFICERS AND	DIRECTORS DELETE	1.5 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	HETHERINGTON, RANDY	C beerie	1.2 NAME		- Vikingo - Indonesia
STREET ADDRESS	110 RUSHTON LANE		1.3 STREET	ADORESS	
CITY-ST-ZIP	TAVERNIER FL 33070		1.4 CITY- S		
1ITLE	D	☐ DELETE	2. 1 TITLE		☐ Change ☐ Addition
NAME	HETHERINGTON, KAREN		2.2 NAME		
STREET ADDRESS	110 RUSHTON LANE		2.3 STREET	ADDRESS	
CITY - ST - ZIP	TAVERNIER FL 33070		2.4 CITY - S	T-2IP	
TITLE	D	☐ DELETE	3. 1 TITLE		Change Addition
NAME	BILLINGS, JEFF		3.2 NAME		6808 ACADEMY PARKWAY E, NE ALBUQUERQUE, NM B7109
STREET ADDRESS	3816 ACADEMY PARKWAY		3.3 STREE		112
CITY - ST - ZIP	ALBUQUERQUE NM 87109 D	☐ DELETE	3.4 CITY - 5	T- ZIP	ALISUQUERQUE, NM B/107
TITLE NAME	BILLINGS, GALE		4. 1 TITLE 4.2 NAME		DA cuante Nontrol
STREET ADDRESS	3816 ACADEMY PARKWAY		4.2 NAME	ADORESS	GROB ACADEMY PARKWAY E. NE MAY
CITY-ST-ZIP	ALBUQUERQUE NM 87109		4.5 STREET	I- 7(P	6808 ACADEMY PARKWAY E. NE MAY ALBUQUELQUE, NM 87109
111LF		☐ DELETE	5. 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY - ST - ZIP			5.4 CITY - S	T · ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		

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 119.07(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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST\$ZIP

SIGNATURE:

STREET ADDRESS