

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

21. Principal Place of Business
171 S. Central Ave
22. City & State
Oviedo FL
24. Zip
32765
25. Country
USA

26. Mailing Address
171 S. Central Ave
27. City & State
Oviedo, FL
29. Zip
32765
30. Country
USA

3. Date Incorporated or Qualified 09/11/1995
3a. Date of Last Report 7/11/96
4. FEI Number 59-335-9092
5. Creditable of State Debts
6. Election Campaign Financing Trust Fund Contribution
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees

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 (If Box Number is Not Acceptable) 171 S. Central Ave
83. City Oviedo
84. State FL
85. Zip Code 32765

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above named corporation solemnly and truthfully states for the purpose of changing its registered office to a 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 Sections 607.0902, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

1. TITLE	President - Secty - Treas.	<input type="checkbox"/> DELETE
2. NAME	Carl E. Williamson	
3. STREET ADDRESS	171 S. Central Ave	
4. CITY - ST - ZIP	Oviedo, FL 32765	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY - ST - ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY - ST - ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY - ST - ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

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***208.75

14. I do hereby certify that the information supplied with this filing is truthfully 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 registered business, 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
CATH E. WILLIAMSON, 407-359-0060
2-15-96

CR2E034 (12/95)

206-4-6-96