

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 12 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 297023 (4)
 1. Corporation Name
BUG-OUT SERVICE INC



Principal Place of Business: **5961 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211-5628**
 Mailing Address: **5961 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32211-5628**

3. Date Incorporated or Qualified: **09/23/1965** 3a. Date of Last Report: **05/16/1996**
 4. FEI Number: **59-1104713** 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: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
SESSIONS, JOHN F.
8235 WOODGROVE RD.
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
 81 Name: **JOHN F. SESSIONS**
 82 Street Address (P.O. Box Number is Not Acceptable): **5961 ARLINGTON EXPRESSWAY**
 83
 84 City: **JACKSONVILLE** FL 85 Zip Code: **32211**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	SESSIONS, JOHN F.	
STREET ADDRESS	8235 WOODGROVE RD.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SESSIONS, ELIZABETH C	
STREET ADDRESS	8235 WOODGROVE RD.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	FELKER, PAUL J JR.	
STREET ADDRESS	1811 ORANGE PICKER ROAD 3790 Hunt Club Rd.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	MILTON, JOHN G SR	
STREET ADDRESS	7270 PLACID OAKS DRIVE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5961 ARLINGTON EXPRESSWAY
1.4 CITY - ST - ZIP	JACKSONVILLE, FLORIDA 32211-5628
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	5961 ARLINGTON EXPRESSWAY
2.4 CITY - ST - ZIP	JACKSONVILLE, FLORIDA 32211-5628
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	5961 ARLINGTON EXPRESSWAY
3.4 CITY - ST - ZIP	JACKSONVILLE, FLORIDA 32211-5628
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	5961 ARLINGTON EXPRESSWAY
4.4 CITY - ST - ZIP	JACKSONVILLE, FLORIDA 32211-5628
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

SIGNATURE: *John F. Sessions* 1-27-97 (904) 743-8272
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)