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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra G. Norham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716626 (7)

1. Corporation Name
SERVE, INC.

Principal Place of Business Mailing Address

1721 N. MACDILL AVE. TAMPA FL 33607

1721 N. MACDILL AVE. TAMPA FL 33607

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/28/1969** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-1270557** Applied For Not Applicable

5. Certificate of Status Desired \$6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

STAGG (C. LAWRENCE)
101 E. KENNEDY BLVD., #3800
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name **Russell S. Buhite**

82 Street Address (P.O. Box Number is Not Acceptable)
Fowler, White, et al.

83 **501 E. Kennedy Blvd., Suite 1700**

84 City **Tampa** FL 85 Zip Code **33602**

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 Russell S. Buhite Esq. Russell S. Buhite 2-1-95

Signature, typed or printed name of registered agent and title if acceptable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, LIONEL	12 NAME	WILLIAM H. SCHEUERLE
STREET ADDRESS	5418 DEERBROOKE CREEK CIRCLE, APT. 2	13 STREET ADDRESS	18412 LIMBERLAN
CITY - ST - ZIP	TAMPA FL	14 CITY - ST - ZIP	LUTZ FL 33549
TITLE	VD	21 TITLE	200001411782 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOERFLING, DAN	22 NAME	-02/21/95--01110--001
STREET ADDRESS	5503 PIONEER PARK BLVD.	23 STREET ADDRESS	*****61.25 *****61.25
CITY - ST - ZIP	TAMPA FL	24 CITY - ST - ZIP	
TITLE	SD	31 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLINGS, LAURA	32 NAME	BARBARA RINDE
STREET ADDRESS	3415 A W. SANTIAGO	33 STREET ADDRESS	704 SOUTH ROME AVE
CITY - ST - ZIP	TAMPA FL	34 CITY - ST - ZIP	TAMPA FL 33606
TITLE	TD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNNELL, ROBERT	42 NAME	
STREET ADDRESS	3057 WISTER CIRCLE	43 STREET ADDRESS	
CITY - ST - ZIP	VALRICO FL	44 CITY - ST - ZIP	
TITLE	ST	51 TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINDE, BARBARA	52 NAME	TUCKER SAMPSON
STREET ADDRESS	1000 WEST HORATIO ST. #208	53 STREET ADDRESS	2618 GREEN VALLEY ROAD
CITY - ST - ZIP	TAMPA FL	54 CITY - ST - ZIP	VALRICO FL 33594
TITLE	ED	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DOROTHEA	62 NAME	
STREET ADDRESS	1505 W. HAVEN BEND	63 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	64 CITY - ST - ZIP	

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 110.07(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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothea Smith Jan. 27, 1995 813-872-5254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number