

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G71752** (1)

1. Corporation Name
AM/PM SERVICE GROUP, INC.



Principal Place of Business: **4396 INDEPENDENCE COURT SARASOTA FL 34234 US**
Mailing Address: **4396 INDEPENDENCE CT. 1550 RINGLING BLVD SARASOTA FL 34234 US**

3. Date Incorporated or Qualified: **11/30/1983**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-2357038**
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: **4396 INDEPENDENCE CT**
2a. Mailing Address: **4396 INDEPENDENCE CT**
21. Suite, Apt. #, etc.:
22. City & State: **SARASOTA, FL**
23. Zip: **34234** Country: **US**
24. Zip: **34234** Country: **US**

9. Name and Address of Current Registered Agent
**EVANS, JAMES M
4396 INDEPENDENCE COURT
SARASOTA FL 34234**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

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 607.0901, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: STD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MITCHELL, CATHY		12. NAME: JAMES M. EVANS	
STREET ADDRESS: 617 LOTUS LANE		13. STREET ADDRESS: 4396 INDEPENDENCE COURT	
CITY-STATE-ZIP: SARASOTA FL		14. CITY-STATE-ZIP: SARASOTA, FL 34234	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MITCHELL, HAROLD		22. NAME:	
STREET ADDRESS: 617 LOTUS LANE		23. STREET ADDRESS:	
CITY-STATE-ZIP: SARASOTA FL		24. CITY-STATE-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: EVANS, JAMES C.		32. NAME: JAMES C. EVANS	
STREET ADDRESS: R. R. 1 BOX 182A		33. STREET ADDRESS: 4396 INDEPENDENCE COURT	
CITY-STATE-ZIP: SYRACUSE IN		34. CITY-STATE-ZIP: SARASOTA, FL 34234	
TITLE: D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: EVANS, VIVIENNE C.		42. NAME:	
STREET ADDRESS: R. R. 1 BOX 182A		43. STREET ADDRESS:	
CITY-STATE-ZIP: SYRACUSE IN		44. CITY-STATE-ZIP:	
TITLE: VSD	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: EVANS, JON C		52. NAME:	
STREET ADDRESS: 4396 INDEPENDENCE COURT		53. STREET ADDRESS:	
CITY-STATE-ZIP: SARASOTA FL		54. CITY-STATE-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: EVANS, VIVIENNE C		62. NAME:	
STREET ADDRESS: 4396 INDEPENDENCE COURT		63. STREET ADDRESS:	
CITY-STATE-ZIP: SARASOTA FL		64. CITY-STATE-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 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 its 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: *James M. Evans* **JAMES M. EVANS** 1-19-96 941-358-8669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)