

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.
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 607.0904, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: STD	NAME: MITCHELL, CATHY	1.1 TITLE: <input checked="" type="checkbox"/> DELETE	1.2 NAME: VTD JAMES M. EVANS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 617 LOTUS LANE	CITY-STATE-ZIP: SARASOTA FL	13. STREET ADDRESS: 4396 INDEPENDENCE COURT	14. CITY-STATE-ZIP: SARASOTA, FL 34234
TITLE: PD	NAME: MITCHELL, HAROLD	2.1 TITLE: <input checked="" type="checkbox"/> DELETE	2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 617 LOTUS LANE	CITY-STATE-ZIP: SARASOTA FL	23. STREET ADDRESS:	24. CITY-STATE-ZIP:
TITLE: D	NAME: EVANS, JAMES C.	3.1 TITLE: <input type="checkbox"/> DELETE	3.2 NAME: PD JAMES C. EVANS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: R. R. 1 BOX 182A	CITY-STATE-ZIP: SYRACUSE IN	33. STREET ADDRESS: 4396 INDEPENDENCE COURT	34. CITY-STATE-ZIP: SARASOTA, FL 34234
TITLE: D	NAME: EVANS, VIVIENNE C.	4.1 TITLE: <input checked="" type="checkbox"/> DELETE	4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: R. R. 1 BOX 182A	CITY-STATE-ZIP: SYRACUSE IN	43. STREET ADDRESS:	44. CITY-STATE-ZIP:
TITLE: VSD	NAME: EVANS, JON C	5.1 TITLE: <input type="checkbox"/> DELETE	5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4396 INDEPENDENCE COURT	CITY-STATE-ZIP: SARASOTA FL	53. STREET ADDRESS:	54. CITY-STATE-ZIP:
TITLE: D	NAME: EVANS, VIVIENNE C	6.1 TITLE: <input type="checkbox"/> DELETE	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 4396 INDEPENDENCE COURT	CITY-STATE-ZIP: SARASOTA FL	63. STREET ADDRESS:	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)