

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

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G71752 (1)**  
 1. Corporation Name  
**AM/PM SERVICE GROUP, INC.**



Principal Place of Business <b>4398 INDEPENDENCE COURT                  SARASOTA FL 34234                  US</b>	Mailing Address <b>4398 INDEPENDENCE COURT                  SARASOTA FL 34234                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>378 INTERSTATE CT.</b>	2a. Mailing Address <b>378 INTERSTATE CT</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State <b>SARASOTA, FL</b>	28. City & State <b>SARASOTA, FL</b>
24. Zip <b>34240</b>	29. Zip <b>34240</b>
25. Country	30. Country

3. Date Incorporated or Qualified <b>11/30/1983</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2357038</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**EVANS, JAMES M  
 4398 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) <b>378 INTERSTATE CT</b>
83.
84. City <b>SARASOTA</b>
85. Zip Code <b>FL 34240</b>

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	VTD	<input type="checkbox"/> DELETE
NAME	EVANS, JAMES M	
STREET ADDRESS	4398 INDEPENDENCE COURT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	EVANS, JAMES C.	
STREET ADDRESS	4398 INDEPENDENCE COURT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, VIVIANNE C.	
STREET ADDRESS	R. R. 1 BOX 182A	
CITY-ST-ZIP	SYRACUSE IN	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	EVANS, JON C	
STREET ADDRESS	4398 INDEPENDENCE COURT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVANS, VIVIANNE C	
STREET ADDRESS	4398 INDEPENDENCE COURT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TINDAL, STEVEN L	
STREET ADDRESS	4398 INDEPENDENCE COURT	
CITY-ST-ZIP	SARASOTA FL 34234	

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	<b>378 INTERSTATE CT</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>378 INTERSTATE CT</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>378 INTERSTATE CT</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>378 INTERSTATE CT</b>
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 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 if changed, or on an attachment with an address.

SIGNATURE: J. M. Evans V.P. 3-16-98 941-358-6100

CR2E034 (10/97)