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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90243 031 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J60788**

1. Corporation Name
SERVICE AMERICA SYSTEMS, INC.



Principal Place of Business: **3081 MCNAB RD. POMPANO BCH. FL 33069-4805**

Mailing Address: **2600 CHEMED CENTER 255 EAST FIFTH STREET CINCINNATI OH 45202 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **03/09/1987**

4. FEI Number: **62-1311783** 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 owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTON, EDWARD L.	1.2 NAME	
STREET ADDRESS	255 E. FIFTH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTON, EDWARD L.	2.2 NAME	
STREET ADDRESS	6680 MIRALAKE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	2.4 CITY-ST-ZIP	
TITLE	VCD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PATRICK L.	3.2 NAME	
STREET ADDRESS	1080 NW 1ST AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	CEO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, PATRICK L.	4.2 NAME	
STREET ADDRESS	255 E. FIFTH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, RAYMOND J.	5.2 NAME	
STREET ADDRESS	3081 MCNAB RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH. FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAMARA, KEVIN J	6.2 NAME	
STREET ADDRESS	2900 GRANDIN RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	6.4 CITY-ST-ZIP	

SEE ATTACHED

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, with all other like empowered.

SIGNATURE: *N.C. DALLOB* SECRETARY **4/22/99** 513/762-6556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

58 19103-40045-31
Doc #J60788

SERVICE AMERICA SYSTEMS, INC.

OFFICERS

Vice Chairman
President & Chief Executive Officer
Vice President
Vice President
Vice President
Vice President-Finance, Treasurer & CFO
Secretary

Edward L. Hutton
John M. Mount
Robert A. Boettger
Stephen M. Boudreaux
Robert C. Barron
Walter L. Krebs
Naomi C. Dallob

DIRECTORS

Edward L. Hutton
Kevin J. McNamara
John M. Mount



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Doc# 360788

OFFICERS & DIRECTORS OF SERVICE AMERICA SYSTEMS, INC.:

TITLE

NAME

SOCIAL SECURITY NO.

HOME ADDRESS

BUSINESS ADDRESS

Vice Chairman & Director

Edward L. Hutton
SS# 314-03-8958

6680 Miralake Drive
Cincinnati, OH 45243

Chemed Corporation
2600 Chemed Center
255 East 5th Street
Cincinnati, OH 45202

**President & Chief Executive
Officer & Director**

John M. Mount
SS# 288-38-2776

6685 Miralake Drive
Cincinnati, OH 45243

515 N.W. 12th Avenue
Deerfield Beach, FL 33442

Vice President

Robert A. Boettger
SS# 469-44-6250

3443 Stettinius
Cincinnati, OH 45202

Roto Rooter Services Co.
2500 Chemed Center
255 East 5th Street
Cincinnati, OH 45202

Vice President

Stephen M. Boudreaux
SS# 081-40-3867

2980 N.W. 107th Avenue
Coral Springs, FL 33065

1080 N.W. 1st Avenue
Boca Raton, FL 33342

Vice President

Robert C. Barron
SS# 526-44-5861

258 S. E. 4th Avenue
Pompano Beach, FL 33060

3081 McNab Road
Pompano Beach, FL 33069

**Vice President-Finance, Treasurer
& CFO**

Walter L. Krebs
SS# 407-36-2533

4201 N. Ocean Blvd, C-1508
Boca Raton, FL 33431

515 N.W. 12th Avenue
Deerfield Beach, FL 33442

Secretary

Naomi C. Dallob
SS# 280-56-2580

1060 Barry Lane
Cincinnati, OH 45229

Chemed Corporation
2600 Chemed Center
255 East 5th Street
Cincinnati, OH 45202

Director

Kevin J. McNamara
SS# 283-56-9317

2900 Grandin Road
Cincinnati, OH 45208

Chemed Corporation
2600 Chemed Center
255 East 5th Street
Cincinnati, OH 45202

