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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K62314

1. Corporation Name

ROSE SERVICES, INC.

Feb 23, 1999 8:00 am
Secretary of State
02-23-1999 90043 009 ***150.00

EII ED



					_				
Principal Place of Business Mailing Address									
% ROSE WILLIA	M	% ROSE WILLIA				İ			
or the English of the English		33 VALENCIA S			1				
ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 01/26/1989			
2. Principal Pl.	ace of Business	2a. Mailing Ad	dress			4. FEI Number	Ap	plied For	
<u>.</u>		26				59-2928607	Nc.	t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 /		
22		27				5. Centificate of Status Desired	⊢ Fee Re	guired	
City & State City & State					6. Election Campaign Financing 55.00 May Be				
23		28				Trust Fund Contribution	Added t		
Zip	Country	Zip		Country		8. This corporation owes the current	year Intangible		
24	25	29	30			Personal Property Tax.	Yes	□No	
9. Name and Address of Current Registered Agent				\top	10. Name and Address of New Registered Agent				
		<u> </u>		81	Name				
ROSE, WILLIAM									
33 VALENCIA STREET			82	2 Street Address (P.O. Box Number is Not Acceptable)					
ST. AUGUSTINE FL 32084									
O1. AUGUOTINE 1 E 32004			83						
				84	City		85 Zip 0	Code	
					•		FL S Z Z		
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such cha	ange was authori	zed by t	the corporation	ration submits this statement for the pun's board of directors. I hereby accept the	rpose of changing its he appointment as re-	registered gistered	
SIGNATURE									
	Signature, typed or printed name of registered a			<u>_</u>	signature required		DATE	-	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
m =	PN		DELETE 1.	1 TITLE	ļ		☐ Change	Addition	

ROSE, MARCHAL NEIL, II 1.2 NAME NAME 13116 WILD OLIVE CT 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change STD □ DELETE 2.1 TITLE TITLE ROSE, JOHN MCDONNELL NAME 22 NAME 4025 BIRMINGHAM RD 201 HONEY SUCKLE WAY 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32259 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE D۷ ROSE, WILLIAM MINTON 3.2 NAME NAME 1515 KINGSWOOD 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 3,4, CITY+ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE ROSE, WILLIAM NEIL 4. 2 NAME NAME 33 VALENCIA STREET STREET ADDRESS 4.3 STREET ADDRESS ST. AUGUSTINE FL 44 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE: