

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K78013** (5)

1. Corporation Name

PRESTIGE SERVICE INC., OF BREVARD



Principal Place of Business

Mailing Address

C/O WILLIAM JUHN
P O BOX 320010
COCOA BEACH FL 32932-7010

C/O WILLIAM JUHN
P O BOX 320010
COCOA BEACH FL 32932-7010

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JUHN, WILLIAM
490 PINE NEEDLES CT
MELBOURNE FL 32940**

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 607.1503, 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 **William L. Juhn**

William L. Juhn February 9, 1996

12. OFFICERS AND DIRECTORS

☐ DELETE

1.1 TITLE

NAME
STREET ADDRESS
CITY, ST, ZIP

1.2 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.3 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.4 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

☐ DELETE

☐ DELETE

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☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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)(a), 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: *William L. Juhn, President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William L. Juhn

02/09/96 (407) 783-6730
Date Daytime Phone #

CR2E034 (12/95)