

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

APPROVED AND FILED

95 MAY -1 AM 9:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000079645 (5)

1. Corporation Name

SERVE-AIR MAINTENANCE, INC.

Principal Place of Business

**9236 AIRPORT BLVD.
ORLANDO FL 32827**

Mailing Address

**9236 AIRPORT BLVD.
ORLANDO FL 32827**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1994

3a. Date of Last Report

2. Principal Place of Business

21 Orlando, FL (same)

2a. Mailing Address

**26 9236 Airport Blvd.
Orlando FL 32827**

4. FEI Number

Applied For
 Not Applicable

22. Suite, Apt. #, etc

27. Suite, Apt. #, etc

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23. City & State

23 Orlando, FL

28. City & State

28 Orlando FL

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24. Zip

24 32827

25. County

25 Orange

29. Zip

29 32827

30. County

30 Orange

8. This corporation has liability for corporate tax under S. 100 (1)(2)
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name Samuel W. Butler
B2 Street Address (P.O. Box Number is Not Acceptable) 951 Kerwood Cir
B3
B4 City Oviedo FL B5 Zip Code 32765

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 *Samuel W. Butler*

4-27-95

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	BUTLER, SAMUEL W
STREET ADDRESS	9236 AIRPORT BLVD.
CITY, ST, ZIP	ORLANDO FL 32827
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, 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 Sections 119.07(4)(b), 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 conduct this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. (Change or on an attachment with an address)

SIGNATURE: *Samuel W. Butler* Samuel W. Butler 4-27-95 (407) 825-3368
SIGNATURE AND TYPED OR PRINTED NAME OF RIGHTS OFFICER OR DIRECTOR Date (Initials)