

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **S55355** (9)

1. Corporation Name

A.C. SERVICE CO. OF SW FL. INC.

Principal Place of Business

1203 SAXONY CIRCLE  
UNIT A  
PORT CHARLOTTE FL 33963

Mailing Address

P.O. BOX 337  
MURDOCK FL 33968

APPROVED  
AND  
FILED  
  
95 APR 27 AM 10:50  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/28/1991** 3a. Date of Last Report **05/27/1994**

4. FEI Number **65-0267585** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **21479 Carleton Ave**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23 **Port Charlotte FL**

28

Zip

Country

Zip

Country

24 **33952**

25 **Charlotte**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SULLIVAN, DENNIS C  
1203 SAXONY CIRCLE  
UNIT A  
PORT CHARLOTTE FL 33963

81 Name **SULLIVAN**

82 Street Address (P.O. Box Number is Not Acceptable) **21479 Carleton Ave**

83

84 City **Port Charlotte** 85 Zip Code **FL 33952**

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPT**  
NAME **SULLIVAN, DENNIS C**  
STREET ADDRESS **1203 SAXONY CIRCLE, UNIT A**  
CITY- ST- ZIP **PT. CHARLOTTE FL**

1 1 TITLE  Change  Addition  
1 2 NAME  
1 3 STREET ADDRESS **21479 Carleton Ave**  
1 4 CITY- ST- ZIP **Port Charlotte FL 33952**

TITLE **S**  
NAME **SULLIVAN, PAMELA E**  
STREET ADDRESS **1203 SAXONY CIRCLE, UNIT A**  
CITY- ST- ZIP **PT. CHARLOTTE FL**

2 1 TITLE  Change  Addition  
2 2 NAME  
2 3 STREET ADDRESS **21479 Carleton Ave**  
2 4 CITY- ST- ZIP **Port Charlotte FL 33952**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

3 1 TITLE  Change  Addition  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4 1 TITLE  Change  Addition  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5 1 TITLE  Change  Addition  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6 1 TITLE  Change  Addition  
6 2 NAME  
6 3 STREET ADDRESS  
6 4 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 Section 119.07(3)(k), 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: Pamela Sullivan Pamela Sullivan

4-24-95 813-764-1235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Name) (Type/Print)