

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morrison
Secretary of State
Division of CORPORATIONS

APPROVED
AND
FILED

05 MAY -1 PM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S59793** (7)
SERVICE AND MORE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **211 N.E. 27TH COURT BOYNTON BEACH FL 33435**
Mailing Address: **211 N.E. 27TH COURT BOYNTON BEACH FL 33435**

3. Date Incorporated or Qualified: **06/06/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **65-0293016**
Applied For: Not Applicable:

22. City & State: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. City: **25** State: **29** City: **30** State: **30**

6. This corporation has authority for intrajurisdictional transfer under Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**BATTLE, NANCY J.
211 N.E. 27TH COURT
BOYNTON BEACH FL 33435**

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 (04) and 608, 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 understand the obligations of Section 607 (04) of the Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
PD	BATTLE, SAMMY K.	211 N.E. 27TH CT	BOYNTON BEACH	FL	
SD	BATTLE, NANCY J.	211 N.E. 27TH CT	BOYNTON BEACH	FL	
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607 (04) (b) Florida Statutes. I further certify that the information included 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. 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 of Block 13 of this report or on an attachment with an address.

SIGNATURE: *Sammy K. Battle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMMY K. BATTLE
PRESIDENT
4/28/95
407/
586-3009