

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H59372

(3)

1. Corporation Name

231 SERVICE CENTER, INC.



Principal Place of Business

C/O JAMES W. CLARK
20522 DUFFEY RD
FOUNTAIN FL 32438
US

Mailing Address

2636 E 15TH ST
PANAMA CITY FL 32405
US

3. Date Incorporated or Qualified

05/21/1985

3a. Date of Last Report

08/10/1995

4. FEI Number

59-2529540

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, JAMES W.
20522 DUFFREY RD
FOUNTAIN FL 32438

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 607.1508, 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 date of signature required when making change

DATE Registered Agent Signature Required When Making Change

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
CLARK, JAMES W.
20522 DUFFREY RD
FOUNTAIN FL

☐ DELETE

1

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

7

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

4/24/96 904-785-5499