

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90165 042 \*\*\*150.00

DOCUMENT # 141498

1. Corporation Name

REBUILDING SERVICE, INC.

Principal Place of Business

2022 HENDRICKS AVENUE  
JACKSONVILLE FL 32207  
US

Mailing Address

2022 HENDRICKS AVENUE  
JACKSONVILLE FL 32207  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1942

4. FEI Number

59-0417151

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2022 Hendricks Avenue  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Jacksonville, FL

City & State

28

Zip

24 32207

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SALEN, SHERRIE W.  
2022 HENDRICKS AVE  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

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

Sherrie W. Salen SHERRIE W. SALEN

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

(NOTE: Registered Agent signature required when reinstating)

4/30/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
CPTD  
MASON, RAYMOND K.  
STREET ADDRESS  
2022 HENDRICKS AVENUE  
CITY-ST-ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
SV  
SALEN, SHERRIE W.  
STREET ADDRESS  
2022 HENDRICKS AVENUE  
CITY-ST-ZIP  
JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

DP ☒ Change ☐ Addition

Mason, Raymond K.

2022 Hendricks Avenue

Jacksonville, FL 32207

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

VT ☐ Change ☒ Addition

Moody, Marcy Mason

2022 Hendricks Avenue

Jacksonville, FL 32207

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond K. Mason

Date

Daytime Phone #

4/30/99

(904) 396-8166

CR2E034 (1/98)