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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 13 1998 8:00am Secretary of State

DOCU	MENT # 246886	(6)				
1. Corporatio	IELL SERVICE CORPORATIO	` '				
DOSINI	ILLE BETTIOL CONFORMIO	14			I HARMA MAIN GIRIG ANGH MINAL YANG GIRI GIRIK G	IALS BIBLE BERGE BERGE BIBLE ERAL
Principal Place of Business Mailing Address					- 1 (001/16 1/84) 31310 81/81 18/81 (68/18 81/1 81/1 8	fille didie delin genut dinte dint
1914 BECHIA	YAY ROAD	1914 BECHHWAY ROAD	1914 BECHHWAY ROAD			
SUITE SM	C E(2020)	SUITE 3M JACKSONVILLE FL 32207			DO NOT WRITE IN TH	IS SPACE
JACKSONVILLE FL 32207 US		US			3. Date Incorporated or Qualified	
					04/25/1961	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
		26		59-0947845	Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		[27] City & State		P. Election Compaign Financing		
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	-	8. This corporation owes or has paid the	
24	25 29		30			
	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New Registers	d Agent
	IN, CHARLOTTE		°'	Name		
1914 BEACHWAY ROAD SUITE 3-L JACKSONVILLE FL 32207			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
			83			
U/W	ONGOINVILLE I E GZZUI					
			84	City	F	85 Zip Code
11. Pursuani	to the provisions of Sections 607.0502	and 607 1508, Florida State	ites, the above-	named corpo		
office or r agent I a	egistered agent, or both, in the State c m familiar with, and accept the obligat	it Horida, Such change was ions of, Section 607.0505, F	authorized by t lorida Statutes.	ne corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE		,				
12.	Signature: Types For printed name of registered agree OF LICLES AND		TE Registered Agent	signature require	d when reinstaling! DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/OFFANGES TO OFFICERS A	☐ Change ☐ Addition
NAME	LINN, CHARLOTTE		1.2 NAME			
STREET ADDRESS 1914 BCHWY RD, STE 3-M			1.3 STREET A	DORESS		
CITY-SI-ZIP JACKSONVILLE FL			1.4 CITY - ST - ZIP			
THLE	DVP DELETE		2.1 TITLE			Change Addition
NAME	LOVE MARY ELLEN		2.2 NAME			
STREET ADDRESS	1914 BCHWY SUTIE M		2.3 STREET A			
CITY-ST-ZIP TITLE	JACKSONVILLE FL DVT	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		,	☐ Change ☐ Addition
NAME	RANTZ, JACOB F.		3.1 THE			c.sa.go rago((0))
STREET ADDRESS	AAAA MEAALELLAN DE ALIEST ALE		3.3 STREET A	DORESS		
CITY-ST-ZIP	ZIP JACKSONVILLE FL		3.4. CITY - \$T	·		
TITLE	DVS	— ··				☐ Change ☐ Addition
NAME	LINN, JAMES A.		4. 2 NAME			
STREET ADDRESS	1914 BCHWY RD STE M		4.3 STREET A	DDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY - ST - ZIP			
TITLE	DVP DELETE		5 1 TITLE			Change Addition
NAME RANTZ, BARBARA STREET ADDRESS 1914 BCHWY RD STE M			5 2 NAME	DDECC		
STREET ADDRESS CITY-ST-ZIP	MAKAMAN P. P.		5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			
TITLE	DELETE		61 THLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET A	DDRESS		
CITY-ST-ZIP			6 4 CITY-ST-	ZIP		
	certify that the information supplied will	h this filing does not qualify	for the exemption	on stated in \$	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

officer or direction 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.