

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 305979 (7)

1. Corporation Name

SERVITOR INC.



Principal Place of Business

3017 CARMIN DRIVE
ORLANDO FL 32806
US

Mailing Address

3017 CARMIN DRIVE
ORLANDO FL 32806
US

2. Principal Place of Business

21 3617 CARMIA DRIVE
Suite, Apt. #, etc.

22 City & State
23 ORLANDO, FL

24 Zip 32806 25 Country

2a. Mailing Address

26 Same
Suite, Apt. #, etc.

27 City & State

28 Zip 30 Country

3. Date Incorporated or Qualified

06/08/1966

3a. Date of Last Report

06/20/1995

4. FEI Number

59-1142241

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

9. Name and Address of Current Registered Agent

HUDSON, ROBERT L
6851 N.W. 6TH CT
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

ROBERT L. HUDSON

82 Street Address (P.O. Box Number is Not Acceptable)

3017 CARMIA DRIVE

83

ORLANDO

84 City

FL

85 Zip Code 32806

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 state if applicable

Robert L. Hudson, Pres.

(If All Registered Agent Signature required when registering)

1/30/96
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HUDSON, ROBERT L
STREET ADDRESS 6851 NW 6TH CT
CITY-ST-ZIP PLANTATION FL 33317
☐ DELETE

TITLE D
NAME HUDSON, RUTH ANN
STREET ADDRESS 6851 N.W. 6TH CT.
CITY-ST-ZIP PLANTATION FL
☐ DELETE

TITLE S
NAME HUDSON, R LEE
STREET ADDRESS 604 CHESHIRE DR
CITY-ST-ZIP BLOOMINGTON IL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Hudson, Pres.

1/30/96
Date

407-896-6840
Telephone

CR2E034 (12/95)