

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 # **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**

3. Date Incorporated or Qualified: **06/08/1966**
3a. Date of Last Report: **06/20/1995**
4. FEI Number: **59-1142241**
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: **3617 CARMIA DRIVE**
2a. Mailing Address: **same**
22. City & State: **ORLANDO, FL**
23. Zip: **32806**
24. Country: **US**

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. City: **ORLANDO**
84. State: **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: *Robert L. Hudson, Pres.* DATE: **1/30/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUDSON, ROBERT L	
STREET ADDRESS	6851 NW 6TH CT	
CITY - ST - ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUDSON, RUTH ANN	
STREET ADDRESS	6851 N.W. 6TH CT.	
CITY - ST - ZIP	PLANTATION FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HUDSON, R LEE	
STREET ADDRESS	604 CHESHIRE DR	
CITY - ST - ZIP	BLOOMINGTON IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert L. Hudson, Pres.* DATE: **1/30/96** TELEPHONE: **407-896-6840**

CR2E034 (12/95)