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FILED

Jan 15 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 305979 (7)

1. Corporation Name
SERVITOR INC.

Principal Place of Business

3617 CARMIA DR
ORLANDO FL 32806
US

Mailing Address

3017 CARMIA DRIVE
ORLANDO FL 32806-5521
US

3. Date Incorporated or Qualified

06/08/1966

3a. Date of Last Report

02/02/1996

4. FEI Number

58-1142241

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☐ No ☒

2. Principal Place of Business

21 3017 CARMIA DRIVE

Suite, Apt. #, etc.

22 ORLANDO, FL.

City & State

23 Zip Country

24 32806

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HUDSON, ROBERT L
3017 CARMIA DR
ORLANDO FL 32806

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Robert L. Hudson, President

Jan. 9, 1997

(Signature, typed or printed name of licensed agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HUDSON, ROBERT L

STREET ADDRESS 6051 NW 8TH CT

CITY-ST-ZIP PLANTATION FL 33317

TITLE D ☐ DELETE

NAME HUDSON, RUTH ANN

STREET ADDRESS 6051 NW 8TH CT

CITY-ST-ZIP PLANTATION FL

TITLE S ☐ DELETE

NAME HUDSON, R LEE

STREET ADDRESS 604 CHESHIRE DR

CITY-ST-ZIP BLOOMINGTON IL

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 PRESIDENT ☒ Change ☐ Addition

1.2 NAME ROBERT L. HUDSON

1.3 STREET ADDRESS 3017 CARMIA DR.

1.4 CITY-ST-ZIP ORLANDO FL. 32806

2.1 TITLE DIRECTOR ☒ Change ☐ Addition

2.2 NAME RUTH ANN HUDSON

2.3 STREET ADDRESS 3017 CARMIA DR.

2.4 CITY-ST-ZIP ORLANDO, FL. 32806

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

ZIP CODE 61704

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 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.

SIGNATURE:

Robert L. Hudson, President

1/9/97 407-896-6840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)