

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 # 375342 (3)
1. Corporation Name
PINELLAS SERVICE CORPORATION



Principal Place of Business

Mailing Address

1000 CENTURY PARK DRIVE, 4TH FLOOR
P.O. BOX 30318
TAMPA FL 33607

50 N LAURA STREET
MC 099-000-1830
JACKSONVILLE FL 32202
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEAD, JAMES A
50 N. LAURA STREET
MC 099-000-1812
JACKSONVILLE FL 32202

81 Name Ghomeshi, Mehdi
82 Street Address (P.O. Box Number is Not Acceptable) 50 N. Laura Street
83 MC: 099-000-1830
84 City Jacksonville FL 85 Zip Code 32202

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

Mehdi Ghomeshi

Mehdi Ghomeshi, President

4/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DSTV	<input checked="" type="checkbox"/> DELETE
NAME	HEAD, JAMES A	
STREET ADDRESS	50 N LAURA ST, MC:099-000-1812	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LYCKBERG, SCOTT E.	
STREET ADDRESS	200 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, ROBERT F JR	
STREET ADDRESS	50 LAURA ST., MC:099-000-1830	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DASV	<input checked="" type="checkbox"/> DELETE
NAME	JARBOE, LLOYD ALLEN JR.	
STREET ADDRESS	50 N LAURA ST., MC: 099-000-1830	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	KRAMER, WILLIAM G	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS	1000 CENTURY PARK DRIVE, 4TH FLOOR	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ghomeshi, Mehdi	
1.3 STREET ADDRESS	50 N. Laura Street	
1.4 CITY-ST-ZIP	Jacksonville, FL 32202	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	story, Deborah	
2.3 STREET ADDRESS	50 N. Laura Street	
2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
3.1 TITLE	DTU	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AKins Roy	
3.3 STREET ADDRESS	1000 Century Park Drive	
3.4 CITY-ST-ZIP	Tampa, FL	
4.1 TITLE	DSV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
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:

Mehdi Ghomeshi

4/29/96 (904) 791-7770

Date

Daytime Phone #

CR2E034 (12/95)