

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 # **443829** (7)
1. Corporation Name
KWIKIE SERVICES, INCORPORATED



Principal Place of Business: **235 S. TENNESSEE LAKELAND FL 33801 US**
Mailing Address: **4555 MOUNT VIEW DRIVE LAKELAND FL 33813**

3. Date Incorporated or Qualified: **01/09/1974**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-1523686**
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: **21 4555 Mount View Drive**
22. Suite, Apt. #, etc.:
23. City & State: **Lakeland, Florida**
24. Zip: **33813**
25. Country: **Polk**
26. Mailing Address:
27. Suite, Apt. #, etc.:
28. City & State:
29. Zip:
30. Country:

9. Name and Address of Current Registered Agent: **CARROLL (THOMAS) 235 S. TENNESSEE AVENUE LAKELAND FL 33801**
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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CARROLL, THOMAS		1.2 NAME	
STREET ADDRESS: 235 S. TENNESSEE AVENUE		1.3 STREET ADDRESS: 4555 Mount View Drive	
CITY-ST-ZIP: LAKELAND FL		1.4 CITY-ST-ZIP: Lakeland, Florida 33813	
TITLE: VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CARROLL, MILDRED		2.2 NAME	
STREET ADDRESS: 520 STERLER AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP: AKRON OH		2.4 CITY-ST-ZIP	
TITLE: T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CARROLL, DANIEL		3.2 NAME	
STREET ADDRESS: 2907 BENNINGHOFEN		3.3 STREET ADDRESS	
CITY-ST-ZIP: HAMILTON OH		3.4 CITY-ST-ZIP	
TITLE: S	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CARROLL, JOYCE		4.2 NAME	
STREET ADDRESS: 235 S. TENNESSEE AVENUE		4.3 STREET ADDRESS: 4555 Mount View Drive	
CITY-ST-ZIP: LAKELAND FL		4.4 CITY-ST-ZIP: Lakeland, Florida 33813	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		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: **Thomas Carroll** *Thomas Carroll* **3-30-96** **941-683-9811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)