

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 # 454634 (7)

1. Corporation Name

SERVICE RESOURCES CORPORATION OF FLORIDA



Principal Place of Business

Mailing Address

~~1705 THE EXCHANGE~~
~~STE-300~~
~~ATLANTA GA 30339~~
US

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~~STE-300~~
~~ATLANTA GA 30339~~
US

3. Date Incorporated or Qualified

06/12/1974

3a. Date of Last Report

03/30/1995

2. Principal Place of Business

2a. Mailing Address

21 2985 GORDY PKWY

26 P.O. 669277

4. FEI Number

58-1197058

Applied For

Not Applicable

22 Suite, Apt. #, etc.
415

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State
MARIETTA GA

28 City & State
MARIETTA GA

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24 Zip Country
30066 US

29 Zip Country
30066 US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME JUDSON, MARK
STREET ADDRESS ~~1627 DEFOORS WALK~~
CITY-ST-ZIP ~~ATLANTA GA~~

1.2 NAME
1.3 STREET ADDRESS 3860 SWALLOW CT.
1.4 CITY-ST-ZIP MARIETTA GA 30066

TITLE DCT ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME HUMANN, L. PHILLIP
STREET ADDRESS 721 W WESLEY RD NW
CITY-ST-ZIP ATLANTA, GA 00000

2.2 NAME

TITLE S ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME PANTER, JAMES F
STREET ADDRESS 1447 PEACHTREE ST NE
CITY-ST-ZIP ATLANTA, GA 00000

3.2 NAME

TITLE VP ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME DOYLE, BRYAN J.
STREET ADDRESS 5349 GREAT OAK DRIVE
CITY-ST-ZIP LAKELAND FL

4.2 NAME

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

3/12/96

770-565-3771

Daytime Phone: 8

CR2E034 (12/95)