

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90010 024 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 454634

1. Corporation Name

SERVICE RESOURCES CORPORATION OF FLORIDA

Principal Place of Business

~~2005 CORDY PKWY~~
~~SUITE 415~~
~~MARIETTA GA 30066~~
~~US~~

Mailing Address

~~P.O. BOX 069877~~
~~MARIETTA GA 30066~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1974

4. FEI Number

58-1197058

Applied For

Not Applicable

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 owes the current year
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

21 5605 Glenridge Dr.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 870

Suite, Apt. #, etc.

27 City & State

City & State

23 Atlanta, GA

City & State

28

Zip

24 30342

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **JUDSON, MARK**
STREET ADDRESS **3850 SWALLOW COURT**
CITY-ST-ZIP **MARIETTA GA**

TITLE **DCT** ☐ DELETE

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

TITLE **S** ☐ DELETE

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

TITLE **VP** ☐ DELETE

NAME **DOYLE, BRYAN J.**
STREET ADDRESS **5818 GREAT OAK DRIVE**
CITY-ST-ZIP **LAKELAND FL**

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

5345 S. Trimble Road, NE
Atlanta, GA 30342

2240 Buttercup Ct.
Lakeland, FL 33801

14. I 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:

RE MARKED JUDSON

8/3/99

404 945-9441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)



454634
603071-90010-24
Service Resources Corporation

One Premier Plaza • 5605 Glenridge Drive, Suite 870 • Atlanta, GA 30342
Ph: (404) 943-9441 • Fax: (404) 943-9832 • e-mail: src-row@mindspring.com

August 3, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Our corporate office moved during the last quarter of 1998. As a result, we did not receive 1st notice of Annual Report Filing form the Department of State. We have just received the 2nd Notice and have completed it immediately. We have enclosed the \$150.00 filing fee and would ask that you waive the \$400.00 late fee under these circumstances.

Please direct any questions regarding this matter to myself or to Mary Humann Judson at (404) 941-9443.

Sincerely,

Mark J. Judson
President

MJJ:mhj
Enclosures