

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90003 022 ***150.00

DOCUMENT # 508119

1. Corporation Name
INTERCOMPANY SERVICES INCORPORATED

Principal Place of Business Mailing Address
7892 BAYMEADOWS WAY-DEERWOOD CENT 7892 BAYMEADOWS WAY-DEERWOOD CENT
P.O. BOX 2954 P.O. BOX 2954
JACKSONVILLE FL 32256-7512 JACKSONVILLE FL 32256-7512



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1976

4. FEI Number

59-2246824

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POINDEXTER, CAROLE J.
7892 BAYMEADOWS WAY
JACKSONVILLE FL 32216

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE
NAME POINDEXTER, CAROLE J
STREET ADDRESS 7892 BAYMEADOWS WAY
CITY-ST-ZIP JACKSONVILLE, FL 00000 32256

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD ☒ DELETE
NAME KELLY, TERRENCE C
STREET ADDRESS 7892 BAYMEADOWS WAY
CITY-ST-ZIP JACKSONVILLE, FL 00000 32256

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME LOGAN, BARRY S.
STREET ADDRESS 2685 BAYSHORE DRIVE
CITY-ST-ZIP COCONUT GROVE FL 33133

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ASVP ☒ DELETE
NAME PEREZ, MANNY
STREET ADDRESS 2685 BAYSHORE DRIVE
CITY-ST-ZIP COCONUT GROVE FL 33133

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME PIERCE, ROBERT
STREET ADDRESS 7892 BAYMEADOWS WAY
CITY-ST-ZIP JACKSONVILLE FL 32256

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE VP ☐ Change ☒ Addition
6.2 NAME OATMAN, H WAYNE
6.3 STREET ADDRESS 7892 BAYMEADOWS WAY
6.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

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, with all other like empowered.

SIGNATURE: H Wayne Oatman REQUIRED

4/21/99

Date

Daytime Phone #

CR2E034 (1/98)