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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 577027 1. Corporation Name FLORIDA ALL-SERVICE, INC.					
Principal Place of Business 1912 HIBISCUS LANE MAITLAND FL 32751		Mailing Address 1912 HIBISCUS LANE MAITLAND FL 32751			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/27/1978 4. FEI Number 59-1828056 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	
9. Name and Address of Current Registered Agent ARNDT, JAMES R. 1912 HIBISCUS LANE MAITLAND FL 32751			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 _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. PSTD ARNDT, JAMES R. 1912 HIBISCUS LANE MAITLAND FL 2. ☐ DELETE 3. ☐ DELETE 4. ☐ DELETE 5. ☐ DELETE 6. ☐ DELETE 7. ☐ DELETE 8. ☐ DELETE 9. ☐ DELETE 10. ☐ DELETE 11. ☐ DELETE 12. ☐ DELETE 13. ☐ DELETE 14. ☐ DELETE 15. ☐ DELETE 16. ☐ DELETE 17. ☐ DELETE 18. ☐ DELETE 19. ☐ DELETE 20. ☐ DELETE 21. ☐ DELETE 22. ☐ DELETE 23. ☐ DELETE 24. ☐ DELETE 25. ☐ DELETE 26. ☐ DELETE 27. ☐ DELETE 28. ☐ DELETE 29. ☐ DELETE 30. ☐ DELETE 31. ☐ DELETE 32. ☐ DELETE 33. ☐ DELETE 34. ☐ DELETE 35. ☐ DELETE 36. ☐ DELETE 37. ☐ DELETE 38. ☐ DELETE 39. ☐ DELETE 40. ☐ DELETE 41. ☐ DELETE 42. ☐ DELETE 43. ☐ DELETE 44. ☐ DELETE 45. ☐ DELETE 46. ☐ DELETE 47. ☐ DELETE 48. ☐ DELETE 49. ☐ DELETE 50. ☐ DELETE 51. ☐ DELETE 52. ☐ DELETE 53. ☐ DELETE 54. ☐ DELETE 55. ☐ DELETE 56. ☐ DELETE 57. ☐ DELETE 58. ☐ DELETE 59. ☐ DELETE 60. ☐ DELETE 61. ☐ DELETE 62. ☐ DELETE 63. ☐ DELETE 64. ☐ DELETE 65. ☐ DELETE 66. ☐ DELETE 67. ☐ DELETE 68. ☐ DELETE 69. ☐ DELETE 70. ☐ DELETE 71. ☐ DELETE 72. ☐ DELETE 73. ☐ DELETE 74. ☐ DELETE 75. ☐ DELETE 76. ☐ DELETE 77. ☐ DELETE 78. ☐ DELETE 79. ☐ DELETE 80. ☐ DELETE 81. ☐ DELETE 82. ☐ DELETE 83. ☐ DELETE 84. ☐ DELETE 85. ☐ DELETE 86. ☐ DELETE 87. ☐ DELETE 88. ☐ DELETE 89. ☐ DELETE 90. ☐ DELETE 91. ☐ DELETE 92. ☐ DELETE 93. ☐ DELETE 94. ☐ DELETE 95. ☐ DELETE 96. ☐ DELETE 97. ☐ DELETE 98. ☐ DELETE 99. ☐ DELETE 100. ☐ DELETE			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		



DO NOT WRITE IN THIS SPACE

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: James R. Arndt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-99
Date

407-8342847
Daytime Phone #

CR2E034 (11/98)