

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 # 615718 (4)

1. Corporation Name

SYLVAN SERVICE CORPORATION



Principal Place of Business

5105 MEMORIAL HWY  
TAMPA FL 33634

Mailing Address

5105 MEMORIAL HWY  
TAMPA FL 33634

3. Date Incorporated or Qualified  
03/29/1979

3a. Date of Last Report  
04/27/1995

2. Principal Place of Business

21 4829 LONGWATER WAY

2a. Mailing Address

PO Box 260215

4. FEI Number

59-1894224

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

City & State

23 TAMPA FL

City & State

28 TAMPA FL

Country

24 33615-4216 25 FL

Country

29 33615-0215 30 FL

9. Name and Address of Current Registered Agent

MCCARTHY, JOSEPH B., JR.  
4829 LONGWATER WAY  
TAMPA FL 33615

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 607.0102 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, and I hereby accept the appointment as registered agent. I am familiar with and agree to the provisions of Section 607.0105, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

April 18, 1996

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MCCARTHY, JOSEPH B., JR  
STREET ADDRESS 4829 LONGWATER WAY  
CITY - ST - ZIP TAMPA FL ☐ DELETE

TITLE STD  
NAME MCCARTHY, AGNES ANN  
STREET ADDRESS 4829 LONGWATER WAY  
CITY - ST - ZIP TAMPA FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH B. MCCARTHY, JR 4/18/96

Date

Daytime Phone #

813-855-1111

CR2E034 (12/95)