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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 716626

1. Corporation Name

SERVE, INC.

Principal Place of Business

1721 N.MACDILL AVE.
TAMPA FL 33607

Mailing Address

1721 N.MACDILL AVE.
TAMPA FL 33607



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/28/1969

4. FEI Number

59-1270557

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

9. Name and Address of Current Registered Agent

BUHITE, RUSSELL S
FOWLER, WHITE, ET AL.
501 E. KENNEDY BLVD. SUITE 1700
TAMPA FL 33602

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE

NAME VD
CONIGLIARO, BOB
STREET ADDRESS 21549 TRUMPETER DR
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME TD
MURPHY, JOHN W
STREET ADDRESS 11829 EASTHAMPTON DR
CITY-ST-ZIP TAMPA FL 33626

TITLE ☐ DELETE

NAME PD
BUHITE, RUSSELL S
STREET ADDRESS 3405 GRAY CT.
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME SD
LIGHTER, JOANNE
STREET ADDRESS 921 COLLEGE HILL DR
CITY-ST-ZIP CLEARWATER FL 33765

TITLE ☐ DELETE

NAME ST
DATO, JUDITH
STREET ADDRESS 207 W. DAVIS ISLANDS
CITY-ST-ZIP TAMPA FL 33606

TITLE ☒ DELETE

NAME ED
WITMER, JANET S
STREET ADDRESS 2513 BUCKNELL DR
CITY-ST-ZIP VALRICO FL

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

ED
HOUCHEN, DONNA C.
3420 CULLENDALE DR.
TAMPA FL 33618

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 617, 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:

Donna Houchen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/19/99 Daytime Phone # 813-872-5254

CR2E037 (1/98)