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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

743266

(9)

SUITS FOR SERVANTS, INC.

Principal Place of Business  5318 NORMANDY BLVD PO BOX 37559 JACKSONVILLE FL 32205		Mailing Address  5318 NORMANDY BLVD PO BOX 37559 JACKSONVILLE FL 32205			I ACETII FEBRY BYDDE IIIID ANNO BIAND BIAN BYDIN BYDIN BYDIN DYDNY DIBYN BYDIN B		
					06/14/1978 01/30/1995		1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 59-1855940		Applied For Not Applicable
Suite, Apt. i	# elc	Suite, Apt. #, etc.			00 1000010		5 Additional
2	,, 0	27			5. Certificate of Status Desired		Required
City & State	·	City & State			6. Election Campaign Financing	\$5.	00 May Be
3		28			Trust Fund Contribution	Add	led to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for i		s. 199.032,
4	25  9. Name and Address of Current	29	30		Florida Statutes L  10. Name and Address of New R	Yes X No	
	9. Name and Address of Current	i negistered Agent		81 Name	10. Name and Address of New H	legistered Agent	
T 4 T1 14 4	141150 1			TVAITIE.			
	JAMES L.			82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
	NECA AVE.		ŀ	83			
JAUKSU	NVILLE FL 32210						
				84 City		FL 85 2	Zip Code
11 Purcuant t	a the provisions of Sections 617.0502	and 617 1508. Florida Statu	ites the abo	re-pamed cornor	ration submits this statement for the pur		regulatored office
or register	ed agent, or both, in the State of Florio th, and accept the obligations of, Section	da. Such change was authori	zed by the c	orporation's boa	ird of directors. Thereby accept the appoint	ointment as registere	ed agent. I am
	and decope a to obligations of, coots	on on a cooo, nonda otalala					
	Signature, typed or printed name of registered agent a	and title if as pleative (N	IOTE: Registered	Agent signafure require	ob when renish dog"	DATE	
	Signature, typed or printed name of registered agent OFFICERS AND		IOTE: Registered	Agent signalare respire	a) when redistang! ADDITIONS/CHANGES TO OFF		ORS IN 12
12.							
12. TIPLÉ	OFFICERS AND	D DIRECTORS	13.	LF		ICERS AND DIRECT	
SIGNATURE	OFFICERS AND	D DIRECTORS	13. 1 1 10 1 2 NA	LF		ICERS AND DIRECT	
12. TIPLÉ NAME	OFFICERS AND PD TATUM, JAMES L.	D DIRECTORS	13. 1 1 Til 1 2 NA 1.3 ST	LF ME		ICERS AND DIRECT	
12. TIPLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICERS AND PD TATUM, JAMES L. 6835 SENECA AVE.	D DIRECTORS	13. 1 1 Til 1 2 NA 1.3 ST	LE ME REET ADDRESS 'Y-SI-Z-P		ICERS AND DIRECT	Addition
12. THE NAME STREET ADDRESS	OFFICERS AND PD TATUM, JAMES L. 6835 SENECA AVE. JACKSONVILLE FL	D directors  Delete	13. 1 1 1 1 1 2 N/4 1.3 SI 1.4 C-	LE ME REET ADDRESS Y-SI-ZP		ICERS AND DIRECT	Addition
112.  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  NAME	PD TATUM, JAMES L. 6835 SENECA AVE. JACKSONVILLE FL STD	D directors  Delete	13. 11 Til 12 NA 1.3 SI 1.4 C- 2 1 Til 22 NA	LE ME REET ADDRESS Y-SI-ZP		ICERS AND DIRECT	Addition
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SIGNATURE:

JAMES L. TATUM 3-14-96 904-786-8770