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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 743266

1. Corporation Name

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/14/1978

4. FEI Number

59-1855940

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

TATUM JAMES L.  
6835 SENECA AVE.  
JACKSONVILLE FL 32210

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 PD ☐ DELETE

NAME TATUM, JAMES L.  
STREET ADDRESS 6835 SENECA AVE.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE STD ☐ DELETE

NAME TATUM, BERNICE D.  
STREET ADDRESS 6835 SENECA AVE.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME POLLARD, JAMES F., SR.  
STREET ADDRESS 810 LAUREL ST.  
CITY-ST-ZIP BREMEN GA

TITLE D ☐ DELETE

NAME OLFORD, STEPHEN F. (DR)  
STREET ADDRESS 682 KEY ROYAL  
CITY-ST-ZIP HOLMES BEACH FL

TITLE D ☐ DELETE

NAME NARRAMORE, CLYDE M. (DR)  
STREET ADDRESS 115 SEQUOIA DR.  
CITY-ST-ZIP PASADENA CA

TITLE D ☐ DELETE

NAME JONES, DAVID H.  
STREET ADDRESS 1484 MURRAY DR.  
CITY-ST-ZIP JACKSONVILLE FL

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 1999 904 786-8770  
Date Daytime Phone #

CR2E037 (1/98)