

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F02000000527

1. Entity Name
SERVICE PLUS AND OFFICE MACHINE COMPANY INC



Principal Place of Business
2778 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

Mailing Address
POST OFFICE BOX 4197
TALLAHASSEE, FL 32315 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07242006

Chg-P

CR2E034 (11/05)

4. FEI Number
58-2437462

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JOHN D III
2778 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DAVIS, JOHN D III ☒ Delete
STREET ADDRESS 2778 CAPITAL CIRCLE, NE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE VP
NAME DAVIS, SHANN L ☒ Delete
STREET ADDRESS 2778 CAPITAL CIRCLE, NE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Shann Lawson Davis ☒ Change ☐ Addition
STREET ADDRESS 2778 Capital Circle NE
CITY-ST-ZIP Tallahassee, Florida 32308

TITLE VP/S
NAME John D. Davis, III ☒ Change ☐ Addition
STREET ADDRESS 2778 Capital Circle NE
CITY-ST-ZIP Tallahassee, Florida 32308

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shann Lawson Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

06 JUL 28 PM 2:21



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08/02/06--01060--013 **70.00

Shann Lawson Davis (850) 402-0646