## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90145 045 \*\*\*150.00

DOCL	<b>JMENT</b>	#	E/10	665
		π	C42	000

1. Corporation Name

ELLIS SERVICE COMPANY, INC.

Principal Place	e of Business	Mailing Address	3					
3600 NE 5 AVE		3600 NE 5 AVE						
Oakland Pari   Us	OAKLAND PARK FL 33334 OAKLAND PARK FL 33334			DO NOT WRITE IN THIS SPACE				
US		US				3, Date Incorporated or Qualifed	3 OF AGE	
Į.						08/31/1981		
2 Principal Pi	lace of Business	2a. Mailing Add	ress			4. FEI Number	${11}$	Applied For
21		26				59-2151017	$\vdash$	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.				\$8.75	Additional
22		27		_		5. Certificate of Status Desired	Fee	Required
City & State City & State			6. Election Campaign Financing		May Be			
23	28			Trust Fund Contribution		d to Fees		
Zip	Country	Zip Country		8. This corporation owes the current year I	ntangible ☐ Yes	No		
24	9. Name and Address of Curre	29	30		•	Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Curre	ant Registered Agent		81	Name	10. Name and Addition of Now Augustana	* ~ g****	-
ELLA	s, walker R., sr							
3600	NE 5 AVENUE			82	82 Street Address (P.O. Box Number is Not Acceptable)			
OAK	LAND PARK FL 33334			83				<del></del>
				84	City		. 85 Zij	p Code
						F		
l office or n	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such char	ige was authori	ized by	the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the app	of changing ointment as	its registered registered
SIGNATURE	• .							
	Signature, typed or printed name of registered a				t signature require	ed when reinstating) DATE	LID DIDEO	TODO 114 40
12.		ND DIRECTORS		13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC ☐ Chang	
TITLE	S CLUC MADOUA C	U 1		.1 TITLE				C L Addison
NAME	ELLIS, MARSHA C			2 NAME				
STREET ADDRESS	3600 NE 5 AVENUE OAKLAND PARK FL				ADDRESS			
CITY-ST-ZIP	DP PARK FE			.4 CITY-S	1.219		[ ] Chang	e Addition
TITLE	ELLIS, WALKER S	ъ.	i -	2.2 NAME		•		
NAME.	3600 NE 5 AVENUE				ADDRESS			
STREET ADDRESS	OAKLAND PARK FL			2. 4 CITY-9	- 1	•		
CITY-ST-ZIP	V	П		2. 4 CATY - 5 3.1 TITLE	1. THE	1	Change	e Addition
NAME .	ELLIS, WALKER R.JR.			3.2 NAME			_ <b>_</b> .	[
STREET ADDRESS	3600 NE 5 AVENUE	· • • • • • • • • • • • • • • • • • • •	• • •		ADDRESS		•	
CITY-ST-ZIP	OAKLAND PARK FL 33334			34. CITY-5	i			
TITLE				1.1 TITLE			Chang	e Addition
NAME	•		4	I. 2 NAME				Ī
STREET ADDRESS	٠.		4	.3 STREET	ADDRESS			
CITY-ST-ZIP			4	4 CITY-S	T-ZIP			
TITLE				5.1 TITLE			Chang	e Addition
NAME			5	i.2 NAME				
STREET ADDRESS	•		5	3.3 STREET	ADDRESS			
CITY-ST-ZIP	<u> </u>			4 CITY-S	r-ZIP			
TITLE			ELETE 6	1.1 TITLE			Change	e Addition
NAME	,		6	6.2 NAME				
STREET ADDRESS			6		ADDRESS			ł
1		•		4000	r 710 j			

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 607, 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.

Willellen R. Ellis Sa

84-1055