DOCUMENT# E45365

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am **Secretary of State** Secretary of State

03-10-1999 90261 047 ***150.00

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ALL'S SERVICE CENTER, INC.	
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Principal Place of Business Mailino Address 3302 ORANGE AVENUE EXTENSION 3302 ORANGE AVENUE EXTENSION FT PIERCE FL 34947 FT PIERCE FL 34947 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/21/1981 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-2124503 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May.Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible □No Personal Property Tax. 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HALL, WILLIAM R 82 Street Address (P.O. Box Number is Not Acceptable) 3302 ORANGE AVENUE EXTENSION FT PIERCE, FL 83 34947 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 ☐ Addition ☐ DELETE 1.1 TITLE Change TITLE HALL, WILLIAM R NAME 1.2 NAME 609 RIBAUT RD STREET ADDRESS 1.3 STREET ADDRESS FT PIERCE, FL 00000 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE Change TITLE STD 2.1 TITLE NAME HALL, BETTY P 2.2 NAME 609 RIBAUT RD 2.3 STREET ADDRESS STREET ADDRESS FT PIERCE. FL 00000 CITY-ST-ZIF 2.4 CITY-ST-ZIP Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition ☐ DELETE Change TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)