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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

|  | MENT # F65549<br>ATED SERVICE, INC.  | 9 (0)  |  |  |  |
|--|--|--|--|--|--|
| Principal Place of Business<br>2001 CATTLEMEN RD.<br>SARASOTA FL 34232 |  | Mailing Address<br>2001 Cattlemen RD.<br>SARASOTA FL 34232-624                                     | 18   | / 1004185 till Bilds Bills allet alett alett   | 6)6)  2 6   4 6   3 6   5 6   5 6   101-                               |
|  |  |  | •  | 3. Date Incorporated or Qualified 02/02/1982   | 3a. Date of Last Report<br>08/09/1996                                  |
| 2. Principal Place of Business   |  | 2a. Mailing Address  |  | 4. FEI Number  | Applied For  |
| 21   |  | Suite, Apt. #, etc.  |  | 59-2158800   | Not Applicable  \$8.75 Additional                                      |
| 22   |  | 27   |  | 5. Certificate of Status Desired   | Fee Required   |
| City & State   |  | City & State   |  | 6. Election Campaign Financing   | \$5.00 May Be  |
| <b>23</b> Zip  | Country  | 28 Zip   | Country  | Trust Fund Contribution  8. This corporation has liability for                                 | Added to Fees  |
| 24   | 25   | 29   | 30   | Florida Statutes   | Yes 🔲 No   |
|  | 9. Name and Address of Curre   | ent Registered Agent   |  | 10. Name and Address of New Re   | glatered Agent   |
|  | ERSEN, GRANT R.  |  | 81 Name  |  |  |
| 2001 CATTLEMENT RD.<br>SARASOTA FL 34232                               |  |  | 82 Street A  | ddress (P.O. Box Number is Not Acceptat  | ole)   |
| SAK  | ASUIA PL 34232   |  | 83   |  |  |
|  |  |  | 84 City  |  | 85 Zip Code  |
|  |  |  |  |  | FL   '   |
| 11. Purseant l<br>office or re<br>agent. La                            | to the provisions of Sections 607.05<br>egistered agent, or both, in the Stat<br>in familiar with land accept the obli | 502 and 607.1508, Florida Stat<br>le of Florida. Such change wa<br>gations of, Section 607.0505, I | utes, the above-named on<br>s authorized by the corporation<br>Florida Statutes. | corporation submits this statement for the poration's board of directors. I hereby acceptation | ourpose of changing its registered<br>of the appointment as registered |
| SIGNATURE  | Signature, typed or pasted name of registered a  | cent and tide it applicable (N   | OTE: Registered Agent signature r  | equired when reinstating)  | DAYE   |
| 12.  |  | ND DIRECTORS   | 13.  | ADDITIONS/CHANGES TO OFFIC   |  |
| TOTLE  | VĪ   | ☐ DELETE   | 1.1 TITLE  |  | Change Addition  |
| NAME   | PETERSEN, GRANT R<br>2001 CATTLEMEN RD   |  | 1.2 NAME   |  |  |
| STREET ADDRESS   | SARASOTA, FL 00000   |  | 1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP  |  |  |
| CHTY - S1 - ZIP  | PS   | DELETE   | 21 TITLE   |  | Change Addition  |
| NAME   | WHITE, PAUL A  | •  | 22 NAME  |  |  |
| STREET ADDRESS   | 2001 CATTLEMEN RD  |  | 23 STACET ADDRESS  |  |  |
| CHY-S1-ZIP   | SARASOTA, FL 00000   | DELETE   | 2 4 CITY+ST-ZIP  |  | Change Addition  |
| TOLE<br>NAME   |  | There is   | 3.1 TITLE<br>3.2 NAME  |  | The properties The properties  |
| STREET ADDRESS   |  |  | 3.3 STREET ADDRESS   |  |  |
| C-TY+S1+ZIP  |  |  | 3.4. CITY+ST-ZIP   |  |  |
| TITLE  |  | DELETE   | 4.1 TITLE  |  | Change Addition  |
| NAME   |  |  | 4. 2 NAME  |  |  |
| STREET ADDRESS   |  | •  | 4.3 STREET ADDRESS   |  |  |
| CHY-ST-ZIP   | - /11/74   |  | 4.4 CITY - ST - ZIP  |  | Change Addition  |
| TIPLE  |  | ☐ DELETE   | 5.1 TOTLE  |  | Change Addition  |
| NAME<br>OWER A MUSIC OF  |  |  | 5.2 NAME   |  |  |
| STREET ADORESS   |  |  | 5.3 STREET ADDRESS<br>5.4 City-St-Zip  |  |  |
| CHY-ST-ZUF<br>TIFLE  |  | ☐ DELETE   | 6.1 TITLE  |  | Change Addition  |
| NAME   |  | ·  | 6.2 NAME   |  |  |
| STREET ADDRESS   |  |  | 6.3 STREET ADDRESS   |  |  |
| 1  | İ  |  |  |  |  |

6.4 CITY-ST-ZIP

14. If do 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 anipolal 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.

SIGNATURE:

**FILED** 

Apr 09 1997 8:00am

Secretary of State