FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED
95 MAY -1 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F75874 (0)

1. Current Name
A & L SERVICE INC.

Principal Place of Business
% LAWRENCE TSCHANTRE
756 COLGATE RD.
VENICE FL 34293

Mailing Address
% LAWRENCE TSCHANTRE
756 COLGATE RD.
VENICE FL 34293

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1982
3a. Date of Last Report: 08/09/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
State, Apt. # or P.O. Box — 22 / 27
City, State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 59-2301842 ☐ 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

8. *This corporation has liability for corporate tax under S. 220.02, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TSCHANTRE, LAWRENCE
756 COLGATE RD.
VENICE FL 33595

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 Section 607.0502 and/or 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: [signature] 4-28-95

12. OFFICERS AND DIRECTORS

PD
TSCHANTRE, MARIE
756 COLGATE RD
VENICE, FL 00000

DV
TSCHANTRE, LAWRENCE
756 COLGATE RD.
VENICE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1 TITLE ☐ Change ☐ Addition
2 NAME
3 STREET ADDRESS
4 CITY ST ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I, the undersigned, certify that the information supplied with this report is substantially complete and does not qualify for the exemption stated in Section 119.07(3)(i), 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 1, 12 or Block 13 if changed, or added hereto with my address.

SIGNATURE: [signature] 4-28-95 813 485-4388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0140717 CP