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CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	F93000000846	(6)
Commention Magaza		

JARDINE GROUP SERVICES CORPORATION

Mailing Address Principal Place of Business **48 CORNELL ROAD** 48 CORNELL ROAD **LETHAM NY 12110** LETHAM NY 12110 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 02/08/1993 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 14-1686650 Not Applicable 26 21 \$8.75 Additional Suite. Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees N) 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Z_{10} ☐ Yes 🔀 No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 83 PLANTATION FL 33324 Zip Code 85 64 City 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 Fiorida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am faciliar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Roystered Agent signature required when reinstating) SIGNATURE CR2E034 (12/95) unine, type dior printed name of registeroid agent and too. Lapplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition Change 1 1 TITLE DELETE PD 1.2 NAME CARROLL, W. MICHAEL NAME **48 CORNELL ROAD** 1.3 STREET ADDRESS STRUT ADDRESS 14 City-ST-ZIP **LETHAM NY 12110** CIY-51 7.P ■ Addition DELETE. 2.1 TITLE 160€ 2 2 NAME HICKEY, GARY P HSM 2.3 STREET ADDRESS **48 CORNELL ROAD** SIRE: LADDRESS 24 CITY-ST-ZIP **LETHAM NY 12110** CITY S1-7P Addition DELETE 3 1 TITLE 10.5 3.2 NAME SCARBOROUGH, JAY NAME 3.3 STREET ADDRESS 333 BUSH ST. #500 STREET ADDRESS 3.4 CITY - ST - ZIP SAN FRANCISCO CA 94104 CHY-S1-ZIP Change ☐ Addition T DELETE 4 1 TITLE TD 1111.6 HANSEN, E. PAUL 4.2 NAME 333 BUCH ST. #500 4.3 STREET ADDRESS STREET ACORESS SAN FRANCISCO CA 94104 44 CITY - ST-ZIP

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. If further certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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 langed, or on an attachment with an address.

OFFICER OR DIRECTOR

5 1 TITLE

5.2 NAME

6 1 TITLE

62 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

54 CITY-ST-ZIP

DELETE

DELETE

د :SIGNATURE

CITY-ST-ZIE

STHEE - ADDRESS

STREET ADDRESS

HILF

NAM:

LILE

NAME

Change

Addition

☐ Addition