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

DOCUMENT # F95000002856

LUCERO SERVICE COMPANY, INC.

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90010 009 ***150.00



								81 81 118 8 111 1881	
Principal Place of Business Mailing Address						i 1881160 tite varêt ditit oatin gann gann	48110 11001 1011	#1 #1110 #111 1441	
120 REDROCK COURT 120 REDROCK COURT					•				
FOLSOM CA 95	5690	FOLSOM CA 95630				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			1
		•				06/13/1995			
	lace of Business	2a. Mailing Address				4. FEI Number	Α	pplied For	ĺ
1607	Miller Avenue	P.O. Box 1749			? -	73-1469859		lot Applicable	ł
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional			
City & State		City & State				e Flection Compaign Financing \$5.00 May Re			1
Clearwater, FL		28 Largo FL				Trust Fund Contribution Added to Fees			
Zip Country		Zip Country				This corporation owes the current year Intangible]
24 3375		33779	30 T	ŲS/	Α	Personal Property Tax.	Yes	No	
	9. Name and Address of Current	Registered Agent		-		10. Name and Address of New Registered	Agent		ļ
woi	JFE. LARRY			81	Name				
				Street Addr	t Address (P.O. Box Number is Not Acceptable)				
	a John Knox Road Lahassee FL 32304			83	4				1
								- <u>-</u>	1
				84	City	FL	_ 85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	ites, the a	bove	named corp	oration submits this statement for the purpose of	changing if	ts registered	
office or r	egistered agent, or both, in the State or m familiar with, and accept the obligat	of Florida, Such change was	authorized	1 hv 1	he corporation	on's board of directors. I hereby accept the appo	intment as r	registered	
SIGNATURE									
	Signature, typed or printed name of registered agen			Agent	signature require	d when reinstating) DATE	ND DIBECT	ODS IN 12	} ;
12.	PSD OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFICERS AND SD	Change	Addition	
TITLE NAME	FOX, MARY JO					rbano Rodriguez	X	*] :
STREET ADDRESS	ARE DEDOCON COURT		1.3 STREET A			607 Miller Avenue			
CITY-ST-ZIP	FOLSOM CA		1.4 CF		10	learwater, FL 33756_			
TITLE	1	₹ DELETE		2.1 TITLE			☐ Change	Addition]
NAME	GRIMES, MARY		2.2 N	AME					1
STREET ADDRESS	=215 MCKINLEY AVENUE		2.3 ST		ADDRESS				
CITY-ST-ZIP	EUFAULA OK 74432			ITY-ST	r-ZIP				<u>-</u> -
TITLE	☐ DELETE		3.1 TI	TLE			Change	Addition	
NAME				3.2 NAME					
ŞTREET ADDRESS				3.3 STREET ADDRESS					1
CITY-ST-ZIP			_	3.4. CITY-ST-ZIP			☐ Change	e	1
TITLE				_					
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STREET ADDRESS									
CITY-ST-ZIP TITLE				4.4 CiTY-ST-ZtP 5.1 TITLE			☐ Change	Addition	1
NAME			5.2 NAME		}	•			1
STREET ADDRESS			5.3 \$	TREET	ADDRESS				}
CITY-ST-ZIP				ITY-ST	-ZIP				1
TITLE		☐ DELETE	6.1 TI		ļ		Change	Addition	
NAME			6.2 N						
STREET ADDRESS			1	TREET	ADDRESS				
			■ 6 / △	IIV. CT	_ /IIJ				

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.

727 559-0909