## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F95000006169 (5) DOCUMENT #
1. Corporation Name

RECON SERVICES INC

NECO	d Senvices, INC.	;				
Principal Place of Business		Mailing Address		I INDIADO SAMO AUSON SESAN ODARA DOS A	DENA SHADI IIDIA EINA IDII IDII	
8840 GEISER RD. HOLLAND OH 43528		8840 GEISER RD. HOLLAND OH 43528				
					3. Date incorporated or Qualified 3a. [	Pate of Last Report
2. Principal Place of Business		2a. Mailing Address			4. FLI Number	Applied For
21		26		34-1813273	Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Certificate of Status Desired	Fee Required
City & Stat		Crty & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Cou	ntry	8. This corporation has liability for intangible	e tax under s 199.032,
24	25	29	30		Florida Statutes Yes No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registers	ed Agent
HAIEN	UNIO			81 Name		
HALE, DOUGLAS E 681 DENTON BLVD.			•	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
FT. WALTON BEACH FL 32547				83		
	TON BENOTITE 32347			63		•
				84 City	F	85 Zip Code
	to the provisions of Sections 607.050 ed agent, or both, in the State of Flor th, and accept the obligations of, Sec Signature types or pointed name of registers Lagor	tion 607.0505, Florida Statute	zecholy (ne c is.	ve-named corpo orporation's boo	oration submits this statement for the purpose of o and of directors. I hereby accept the appointment	changing its registered office as registered agent. I am
12.		ND DIRECTORS	13.	White a displaying testing	DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PO	☐ DELETE	1.1 [1]	I.F	The state of the s	Change Addition
NAME	HOLLEY, HOWARD		1.2 NA	ME		- average - vegetion
STREET ADDRESS	681 DENTON BLVD.		1350	REET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL 3254	17	1.4 CIT	Y-ST-ZIP		
TITLE	STD DELETE		2 1 TH	LF		Change Addition
NAME	BURZYNSKI, JAY J		2 2 NAI	VE		
STREET ADDRESS	8840 GEISER RD.		2.3.STF	REFT ADDRESS		
CITY-ST-ZIP			2.4 CH	Y-ST-ZIP		
TITLE		DELETE	3 1 117	LF		Change Addition
NAME			3 2 NA	ME .		
STREET ADDRESS			33 \$1	REET ADDRESS		
CITY-ST-ZIP TITLE		m ou sz		Y - ST - ZIF		
NAME		☐ DELETE	4. 1 111			☐ Change ☐ Addition
STREET ADDRESS			4.2 NAM			
CITY-ST-ZIP			•	EET ADDRESS		
OFFI TOT THE	L		■ 44 CH1	Y - S" - Z-P		I

14. I do hereby certify that the information supplied with his fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 early that I am an officer or director of the corporation of the receiver or trustee entry where the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Book 13 if changed, or our attachment with an address.

5 1 TITLE

5.2 NAME

6 1 THILE

62 NAME

5.3 STHEET ADDRESS

6.3 STHEFT ADDRESS

64 CITY - ST - ZIP

5.4 CITY - ST- ZIP

DELE16

DELETE

**SIGNATURE:** 

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CHTY-ST-ZIP

CITY ST-ZIP

J. Burrynski 3/20/86

☐ Addition

☐ Addition

☐ Change

☐ Change