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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthain

Secretary of State \*\*
DIVISION OF CORPORATIONS

## DOCUMENT # F9500006169 (5)

RECON SERVICES, INC.

Principal	Place	of	<b>Business</b>
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Mailing Address



97 JUN 23 AM 9: 02

SECRETARY OF STATE TALLAHASSEE, FLORIDA



rnncipai riace	e ui busilless	Mailing Address			
8840 GEISER R HOLLAND OH 4		8840 GEISER RD. HOLLAND OH 43528-9021			
				3. Date Incorporated or Qualified 12/14/1995	3a. Date of Last Report 04/10/1996
2. Principal Pl	lace of Business	2a. Mailing Address		4, F£I Number	Applied For
21		26		34-1813273	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25		30		Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	istered Agent
681	E, DOUGLAS E DENTON BLVD. WALTON BEACH FL 32547		81 Name () 82 Street Add	eorge Veselenik ress (PD. Box, Number is No. Acceptable)	е)
4.A	//		84 Gity	Walton Bch	FL 85 Zip Code 32547
11. Pursuant to office or reagent? I a	to the provisions of Sections 607.059 egistered agent, or feth, in the State in familiar v) the state accept the obliga	and 607.1508, Florida Statute of Florida. Such stringe was au ations of, Section 607.0505, Flor	s, the above-named corp uthorized by the corporat rida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	prose of changing its registered the appointment as registered
SIGNATURE	Manager typod or primed name of registered age		: Registered Agent signature requi	red when reinstaling)	SATE.
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE	1.1 THTLE		☐ Change ☐ Addition 2
NAME	HOLLEY, HOWARD		1.2 NAME	5000022	242452
STREET ADDRESS	681 DENTON BLVD.	_	1.3 STREET ADDRESS	-06/26/3	242452   1701098013
CITY-ST-ZIP	FT. WALTON BEACH FL 32547		1.4 CITY - ST - ZIP	<u>***</u> *165	<u>.00 ****165.00  </u>
TITLE	STD	☐ DELFTE	2.1 TITLE		Change Addition
NAME	BURZYNSKI, JAY J		2 2 NAME		
STREET ADDRESS	8840 GEISER RD.		2 3 STREET ADDRESS		
CITY-ST-ZIP	HOLLAND OH 43528		2. 4 City-St-ZiP		
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADPAFSS			3 3 STREET ADDRESS		
CITY-ST-ZP			3.4. CITY-ST-7IP		
TITLE		☐ DELETE	4 1 THTLE		Change Addition
NAME &			4. 2 NAME		
STREET ADDRESS			4.9 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELE TE	51 TITLE		Change Addition
NAME			5.2 NAME	1 610	i i i
STREET ADDRESS			5 3 STREET ADDRESS	0. ala	NY
CITY-ST-ZIP			54 CITY-ST-ZIP	W. 12	210
TITLE		☐ DELETE	61 TITLE	(あり)	Change Addition
NAME	4,		62 NAME	4/2	<i>i</i> • •
STREET ADDRESS			63 STREET ADDRESS	<b>.</b>	
DITTLE PRODUCTION			S A CURL OF THE		

14. I 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 60ck 13 if changed, or on an attachment with an address.

5-15-97

44-41-1-19ad