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

PROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9500006169 (5)

RECON SERVICES, INC.

City & State

Zip

24

Principal Place of Business	Mailing Address	
8840 GEISER RD. HOLLAND OH 43\$28	8840 GEISER RD. HOLLAND OH 43528	
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suito, Apt. #, etc.	

28

Zip

City & State

25 29 9. Name and Address of Current Registered Agent

Country

FILED					
Apr 23 1998 8:00am					
Secretary of State					



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualified

12/14/1995 4. FEI Number

34-1813273

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

681	Selenik, george I <b>De</b> nton Blyd. W <b>al</b> ton Beach Fl 32547	83	Navarre  Tary Sullivan  Address (P.O. Box Number is Not Acceptable)  2005 Biscayne Blud.  Navarre  FL B5 Zip Code 32566		
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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE MANY SULLWAN MARY SULL VAN 4-15.98 Signature, typical or paradrox year registered against and facin' applicable. (NOIL Registered Against segurator when reinstating)  DATE					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD DELETE	1.1 TALE	Change Addition		
NAME	HOLLEY, HOWARD	1.2 NAME			
STREET ADDRESS	681 DENTON BLVD.	1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	1.4 CITY - \$1 - ZIP			
TITLE	\$TD DELETE	2.1 TITLE	L_] Change L_! 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	3.1 TITLE	Change		
NAME		3.2 NAME	·		
STREET ADDRESS		3 3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	DELETE	4.1 TITLE	Change Addition		
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY - ST - ZIP			
TITLE	☐ DELETE	5.1 TITLE	L] Change L] Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY - ST - ZIP			
TITLE	DELETE	61 TIRLE	L_I Change L_I Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			
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 phusial 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 deciver or trusted 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.					

Country

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