

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra H. Northam Secretary of State 1000 BANK BUILDING, TALLAHASSEE, FL 32304
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DOCUMENT # **G48134** (2)

J.V. SYSTEMS SERVICE, INC.

1995 Registered Office Address	Mailing Address
13923 2. HILLSBOROUGH AVENUE 1010 KAPP DRIVE TAMPA FL 33635 US	13932 HILLSBOROUGH AVENUE 1010 KAPP DRIVE TAMPA FL 33635 US

RECEIVED
JUN 10 1995
95 JUN 23 11:10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	07/11/1983	06/29/1994
22. Number of Officers	27. State Apt. # etc.	4. FEI Number	Applied for
22	27	59-2309770	Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	☐	
24. County	29. ZIP	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	29	Trust Fund Contribution	☐
25. Country	30. Country	8. This corporation has liability for intangible tax under S. 190.022, Florida Statutes	☐ Yes ☐ No
25	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VASKO, JOHN R. 13932 W. HILLSBOROUGH AVENUE TAMPA FL 33635	81. Name 82. Street Address (P.O. Box Number or Not Applicable) 83. 84. City 85. Zip Code
	FL

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(2), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the registered agent for both in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am Special Agent and accept the appointment as Special Agent for both in the State of Florida.

SIGNATURE _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGE TO REGISTERED OFFICE AND DIRECTORS
NAME D VASKO, JOHN R. 13932 W. HILLSBOROUGH AVENUE TAMPA FL	1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME 31. NAME 32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME 41. NAME 42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME 51. NAME 52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. NAME 58. NAME 59. NAME 60. NAME 61. NAME 62. NAME 63. NAME 64. NAME 65. NAME 66. NAME 67. NAME 68. NAME 69. NAME 70. NAME 71. NAME 72. NAME 73. NAME 74. NAME 75. NAME 76. NAME 77. NAME 78. NAME 79. NAME 80. NAME 81. NAME 82. NAME 83. NAME 84. NAME 85. NAME 86. NAME 87. NAME 88. NAME 89. NAME 90. NAME 91. NAME 92. NAME 93. NAME 94. NAME 95. NAME 96. NAME 97. NAME 98. NAME 99. NAME 100. NAME

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.022(2), Florida Statutes. I further certify that the information is made available to the public upon request or upon payment of reasonable fee 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 thereof, and in executing this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 and Block 13 of the report, or in an attachment with my address.

SIGNATURE:  DONNA M. VASKO
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

5/16/95 815-891-0720

