

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

**APPROVED AND FILED**

95 APR 25 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morman  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # **G57692** (7)  
 1. Corporation Name  
**ECONOMY SERVICE, INC.**

Principal Place of Business Mailing Address  
**% JENNE MATERA**  
**15604 TIMBERLINE DR.**  
**TAMPA FL 33624**  
**% JENNE MATERA**  
**P. O. BOX 870845**  
**TAMPA FL 33688**  
**US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
 21 **15306 NEBRASKA AVE** 26 **PO BOX 270845**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **7** 27  
 City & State City & State  
 23 **TAMPA FLA** 28 **TAMPA, FLA**  
 Zip Country Zip Country  
 24 **33613** 25 **USA** 29 **33688** 30 **USA**

3. Date Incorporated or Qualified **08/31/1983** 3a. Date of Last Report **05/01/1994**  
 4. FEI Number **59-2318005** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees  
 6. This corporation has liability for enterprise tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MATERA, JOHN T.**  
**15604 TIMBERLINE DRIVE**  
**TAMPA FL 33624**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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 familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **15604 TIMBERLINE DR TAMPA** **4-19-95**  
Signature typed following name of registered agent and then if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>MATERA, JOHN T</b> <b>15604 TIMBERLINE DR.</b> <b>TAMPA FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>MATERA, JOHN T.</b> <b>15604 TIMBERLINE</b> <b>TAMPA FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing 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 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 attached form with an address.

SIGNATURE: *[Signature]* **4-19-95** **813 979 9614**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)