## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # G59606** ANNCO SERVICES, INC. Mailing Address Principal Place of Business 12265 N. ST RD 7 8892 152ND PL SOUTH **BOYNTON BCH FL 33437-4721** DELRAY BEACH FL 33446

## **FILED** May 08, 2000 8:00 am Secretary of State 05-08-2000 90038 015 \*\*\*158.75



Suite, April #, etc.								( 3 	#11 <b>6</b> 1.811   <b>18.6</b> 1	
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September   Sept	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SP	ACE		
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  ANNIS, TEDD R 14265 SMITH SUNDY RD DELRAY BEACH FL 33446  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  City  City  FL  Zip Code  City  City	City & State	9	Delnay Beach, FL		4. i	FEI Number <b>59-2330097</b>		<del></del>		
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ANNIS, TEDD R 14265 SMITH SUNDY RD DELRAY BEACH FL 33446  6. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to suitisfy its intengible Tax filing requirement and elects to do so.   Make Check Papable to Department of State   National Control of State   Make Check Papable to Department of State		6. Name and Address of Current F	Registered Agent		7. 1	Name and Address of New Reg	jistered Ag	ent		
14265 SMITH SUNDY RD DELRAY BEACH FL 33446  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. or both. in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax Illing requirements and efects to do so. (See criteria on back)  (See criteria on back)  11. OFFICERS AND DIRECTORS  Tax Illing requirements and efects to do so. (See officeria on back)  Make Check Payable to Department of State  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  Tax Illing requirements and efects to do so. (See officeria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  Tax Illing requirements sund efects to do so. (See officeria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  TIRE ALORISS  SITEST ALORISS  CITY-ST-2P  DELRAY BEACH FL  Delete  TIRE  MAME  SITEST ALORISS  CITY-ST-2P  DELRAY BEACH FL  Delete  TIRE  MAME  SITEST ALORISS  CITY-ST-2P  Delete  MAME  SITEST ALORISS  CITY-ST-2P  DELETAY BEACH ST.  CITY-ST-2P  Delete  MAME  SITEST ALORISS  CITY-ST-2P  Delete  MAME  SITEST ALORISS  CITY-ST-2P  Delete  MAME  S					Name					
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13. Thereby 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	CITY-ST-ZIP			CITY-ST-ZIP						
	13. I hereby	certify that the information supplied with	this filine does not qualify for	the exemption stated in	n Section	119.07(3)(i), Florida Statutes. I f	urther certi	ly that the	information	

of the corporation or the receiver or trustee an powered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR