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Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H41017** (5)

1. Corporation Name
MASSEY SERVICES, INC.

Principal Place of Business

Mailing Address

**1051 WINDERLEY PLACE, STE. 201
MAITLAND FL 32751
US**

**1051 WINDERLEY PLACE, STE. 101
MAITLAND FL 32751-7121
US**



3. Date Incorporated or Qualified **02/05/1985** 3a. Date of Last Report **03/11/1996**

4. FEI Number **59-2557150** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HATCHER, STEPHEN B.
315 EAST ROBINSON STREET
SUITE 600
ORLANDO FL 32801**

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, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MASSEY, HARVEY L.	
STREET ADDRESS	1550 VIA TUSCANY	
CITY- ST- ZIP	WINTER PARK FL	
TITLE	SPT	<input type="checkbox"/> DELETE
NAME	MASSEY, HARVEY L.	
STREET ADDRESS	1550 VIA TUSCANY	
CITY- ST- ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	VP/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gwyn Elias
3.3 STREET ADDRESS	400 E. Colonial Drive, #1509
3.4 CITY- ST- ZIP	Orlando, FL 32803
4.1 TITLE	VP/Corp Secy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Barbara A. Corino
4.3 STREET ADDRESS	417 Ruth Street
4.4 CITY- ST- ZIP	Longwood, FL 32779
5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rick Beard
5.3 STREET ADDRESS	1861 No Prairie Dunes Ct
5.4 CITY- ST- ZIP	Oviedo, FL 32765
6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Elizabeth Duggan
6.3 STREET ADDRESS	104 Tangelo Court
6.4 CITY- ST- ZIP	Maitland, FL 32751

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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harvey L. Massey

3/10/97 (407) 875-3939

Date

Daytime Phone #

CR2E034 (9/96)