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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # H51178 (2)

**1. Corporation Name
SERVPRO OF GREATER JACKSONVILLE, INC.**

Principal Place of Business 5353 RAMONA BLVD UNITS 8 & 9 P.O. BOX 6975 JACKSONVILLE FL 32236-3975	Mailing Address 5353 RAMONA BLVD UNITS 8 & 9 P.O. BOX 6975 JACKSONVILLE FL 32236-3975
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/08/1985	3a. Date of Last Report 07/01/1994
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 29 Zip 30 Country	4. FEI Number 59-2514500 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	6. The corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PILLSBURY, KENNETH E.
4309 MAYWOOD DRIVE
JACKSONVILLE FL 32211**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME PILLSBURY, KENNETH E. STREET ADDRESS 4309 MAYWOOD DR CITY - ST - ZIP JACKSONVILLE FL		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME PILLSBURY, PHILLIP S. STREET ADDRESS 7714 COLLINS RIDGE BLVD CITY - ST - ZIP JACKSONVILLE FL 32244		1.2 NAME	
TITLE VST NAME PILLSBURY, CAROLYN H STREET ADDRESS 4309 MAYWOOD DR CITY - ST - ZIP JACKSONVILLE FL 32211		1.3 STREET ADDRESS	
TITLE V NAME PILLSBURY, LEIGH ANN STREET ADDRESS 451 MONUMENT RD., #1419 CITY - ST - ZIP JACKSONVILLE FL		1.4 CITY - ST - ZIP	
		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I certify that the information indicated on this annual report or supplemental annual report is true; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kenneth E. Pillsbury
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth E. Pillsbury 904-783-9801
Date: 4-21-95
Daytime Phone #