

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified: **04/08/1985**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-2514500**
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: 21 []
2a. Mailing Address: 26 []
Suite, Apt. #, etc.: 22 []
City & State: 23 []
Zip: 24 [] Country: 25 []
Suite, Apt. #, etc.: 27 []
City & State: 28 []
Zip: 29 [] Country: 30 []

9. Name and Address of Current Registered Agent: **PILLSBURY, KENNETH E. 4309 MAYWOOD DRIVE JACKSONVILLE FL 32211**
10. Name and Address of New Registered Agent: 81 Name []
82 Street Address (P.O. Box Number is Not Acceptable) []
83 []
84 City [] 85 Zip Code **FL**

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: *Kenneth E. Pillsbury* **KENNETH E. PILLSBURY** **4/26/96**
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: PD	PILLSBURY, KENNETH E. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME: PILLSBURY, KENNETH E.		1.2 NAME	
STREET ADDRESS: 4309 MAYWOOD DR		1.3 STREET ADDRESS	
CITY-ST-ZIP: JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE: V	PILLSBURY, PHILLIP S. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME: PILLSBURY, PHILLIP S.		2.2 NAME	
STREET ADDRESS: 7714 COLLINS RIDGE BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP: JACKSONVILLE FL 32244		2.4 CITY-ST-ZIP	
TITLE: VST	PILLSBURY, CAROLYN H. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME: PILLSBURY, CAROLYN H.		3.2 NAME	
STREET ADDRESS: 4309 MAYWOOD DR		3.3 STREET ADDRESS	
CITY-ST-ZIP: JACKSONVILLE FL 32211		3.4 CITY-ST-ZIP	
TITLE: V	PILLSBURY, LEIGH ANN <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME: PILLSBURY, LEIGH ANN		4.2 NAME	
STREET ADDRESS: 451 MONUMENT RD., #1419		4.3 STREET ADDRESS	
CITY-ST-ZIP: JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE: []	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME: []		5.2 NAME	
STREET ADDRESS: []		5.3 STREET ADDRESS	
CITY-ST-ZIP: []		5.4 CITY-ST-ZIP	
TITLE: []	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME: []		6.2 NAME	
STREET ADDRESS: []		6.3 STREET ADDRESS	
CITY-ST-ZIP: []		6.4 CITY-ST-ZIP	

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 attachment with an address.

SIGNATURE: *Carolyn H. Pillsbury* **CAROLYN H. PILLSBURY** **4/26/96** **904-783-9801**
Signature and typed or printed name of signing officer or director Date Phone #

CR2E034 (12/95)