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FILED
Apr 22 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 # H51178 (2)
 1. Corporation Name
SERVPRO OF GREATER JACKSONVILLE, INC.



Principal Place of Business Mailing Address
5353 RAMONA BLVD UNITS 8 & 9 **5353 RAMONA BLVD UNITS 8 & 9**
P.O. BOX 6975 **P.O. BOX 6975**
JACKSONVILLE FL 32236-3975 **JACKSONVILLE FL 32236-6975**

3. Date Incorporated or Qualified **04/08/1985** 3a. Date of Last Report **05/01/1996**
 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 2a. Mailing Address
 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip 25. Country 29. Zip 30. Country

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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	PILLSBURY, KENNETH E.
STREET ADDRESS	4309 MAYWOOD DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	PILLSBURY, PHILLIP S.
STREET ADDRESS	7714 COLLINS RIDGE BLVD
CITY-ST-ZIP	JACKSONVILLE FL 32244
TITLE	VST <input type="checkbox"/> DELETE
NAME	PILLSBURY, CAROLYN H
STREET ADDRESS	4309 MAYWOOD DR
CITY-ST-ZIP	JACKSONVILLE FL 32211
TITLE	V <input type="checkbox"/> DELETE
NAME	PILLSBURY, LEIGH ANN
STREET ADDRESS	451 MONUMENT RD., #1419
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<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	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PILLSBURY, LEIGH ANN
4.3 STREET ADDRESS	3500 UNIVERSITY BLVD. N., #1003
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32277
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 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 on an attachment with an address.

SIGNATURE: *Carolyn H. Pillsbury* *Carolyn H. Pillsbury* 4/16/97 904-783-9801
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)