

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H59372** (3)  
1. Corporation Name  
**231 SERVICE CENTER, INC.**



Principal Place of Business  
**C/O JAMES W. CLARK  
20522 DUFFEY RD  
FOUNTAIN FL 32438  
US**

Mailing Address  
**2636 E 15TH ST  
PANAMA CITY FL 32405  
US**

3. Date Incorporated or Qualified **05/21/1985** 3a. Date of Last Report **08/10/1995**

4. FEI Number **59-2529540** 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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

9. Name and Address of Current Registered Agent  
**CLARK, JAMES W.  
20522 DUFFREY RD  
FOUNTAIN FL 32438**

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 herein-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 \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |      |
|----------------------------|---|---|------|
| TITLE                      | NAME  | TITLE   | NAME |
| PD                         | CLARK, JAMES W.<br>20522 DUFFREY RD<br>FOUNTAIN FL    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
| STD                        | CLARK, SHERRY, REV<br>20522 DUFFREY RD<br>FOUNTAIN FL | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
|                            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
|                            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
|                            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
|                            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |
|                            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished, 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 of the corporation to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address change.

SIGNATURE: *James W. Clark* **4/24/96** **904-785-5499**

CR2E034 (12/95)