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FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H73069 (7)

1. Corporation Name
SERVICE PROVIDERS, INC.

Principal Place of Business

94769 SW 177TH AVE
PRINCETON FL 33091
US

Mailing Address

P.O. BOX 924068
PRINCETON FL 33032
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1985

4. FEI Number
59-2604497

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 17605 S.W. 248 ST.
Suite, Apt. #, etc.

22 City & State
PRINCETON FL

23 Zip Country
33031 USA

24 33031 25 USA

2a. Mailing Address

26 P.O. Box 924068
Suite, Apt. #, etc.

27 City & State
PRINCETON FL

28 Zip Country
33092 USA

29 33092 30 USA

9. Name and Address of Current Registered Agent

SOCARRAZ, ALBERTO
24763 SW 177TH AVE
PRINCETON FL 33031

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
POV
SOCARRAZ, ALBERTO
17301 S.W. 248TH STREET
PRINCETON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SOCARRAZ, MATTHEW
17301 S.W. 248TH ST.
PRINCETON FL 33031

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SOCARRAZ, ALBERTO K
17301 SW 148TH ST
PRINCETON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 addition.

SIGNATURE:

4 P-111111

4-20-98

306245 0000

CR2E034 (10/97)