

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

97 AUG -8 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---

DOCUMENT # **H85810** (0)
1. Corporation Name
COLONIAL SERVICES OF CENTRAL FLORIDA, INC.

Principal Place of Business
**1708 MELANIE DRIVE
ORLANDO FL 32825**

Mailing Address
**1708 MELANIE DRIVE
ORLANDO FL 32825-5424**

3. Date Incorporated or Qualified 11/18/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2900051	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**KELLEY, CHARLENE D.
38 NORTH PARK AVENUE
APOPKA FL 32703**

10. Name and Address of New Registered Agent	
81 Name	Fatima F. Calkins
82 Street Address (P.O. Box Number is Not Acceptable)	1708 Melanie Dr
83	
84 City	Orlando
85 Zip Code	FL 32825

11. Pursuant to the provisions of Sections 607.0501 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 *Fatima F. Calkins*

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	T CALKINS, DAVID
STREET ADDRESS	1708 MELANIE DR.
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	P CALKINS, FATIMA
STREET ADDRESS	1708 MELANIE DR.
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<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	

600002265226--1
-08/12/97--01097--021
****165.00 ****165.00

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 in an attachment with an address.

SIGNATURE *Fatima F. Calkins*

CR2E034 (9/96)

2

Colonial Services Of Central Florida, Inc.
1708 Melanie Drive
Orlando, FL 32825
(407) 658-0498

July 21, 1997

Florida Department Of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ref: Annual Reports

Dear Sirs:

Please be advised that on May 5th we mail our annual report and filing fee (check#: 3487) for the amount of \$165.00. On July 18th the post office returned this mail and advising us that was not delivered (see attached letter from the post office).

If you have any questions, please feel free to contact me at (407) 658-0498.

Sincerely,


Fatima F. Calkins
President