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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # J02652

1. Corporation Name BILL CANAVAN SERVICE, INC.

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90036 046 ***150.00



Principal Place of Business		Mailing Address							
256 W HIGHLAN	ND ST	256 W HIGHLAND ST							
ALTAMONTE SPRINGS FL 32714-2511		ALTAMONTE SPRINGS FL 32714-2511				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						03/07/1986			
2 Principal Pi	ace of Business	2a. Mailing Address		—-		4. FEI Number		T #	Applied For
	ace of business	26				59-2693789			Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75	Additional
22	27				5. Certifcate of Status Desired		Fee F	Required	
City & State	e		City & State			6. Election Campaign Financing		\$5.00	O_May Be
23	y Carrier to the second	28				Trust Fund Contribution			d to Fees
Zip	Country -	Zip Country				8. This corporation owes the curre	nt year Intanç	jible	
24	25	29	0			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered Ag	ent	
			1	81	Name				
	VEBER, ROBERT W.		82 Street Ad			dress (P.O. Box Number is Not Acceptable)			
	n. University Drive		[-		STABLICOS (1.0. BOX Hambor to Not receptable)			
SUIT				83					l
SUN	RISE FL 33322		-	84	City			85 Zip	o Code
					•	oration submits this statement for the p	FL {		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	tegistered /	Agent :	signature required	d when reinstating)	DATE	w-	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	P	☐ DELETE	1.1 TITL	LE	İ		Ĺ] Change	e 🗀 Addition
NAME	Canavan, William Peter		1.2 NA	ME					
STREET ADORESS	256 W. HIGHLAND STREET		1.3 STF	REETA	ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1,4 CITY-		ZIP				
TITLE		☐ DELETE	2.1 TITLE				L	_ Change	e
NAME			2 2 NA	ME					
STREET ADDRESS	<u>.</u>		2.3 STF	REETA	ADDRESS				
CITY-ST-ZIP			2.4 CIT	TY-ST	-ZIP	- inter-			
TITLE		☐ DELETE	3.1 ΤΙΤΙ	LE				_ Change	e
NAME			3.2 NA	ME					
STREET ADDRESS			3.3 STF	REET A	ADDRESS				
CITY-ST-ZIP		·	3.4. CIT	TY-ST	-ZIP			70	
TITLE		☐ DELETE	4.1 TITE	ŁE				_ Change	e
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STF	REETA	ADORESS				
CITY-ST-ZIP			4.4 CIT	Y-ST-	-ZIP				
TITLE		☐ DELETE	5.1 TITT				Ĺ] Change	e Addition
NAME			5.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CIT		-ZIP				
TITLE		☐ DELETE	6.1 TITI				[.	_ Change	e Addition
NAME	1		6.2 NA						
STREET ADDRESS			6.3 STF	REET	ADDRESS				
	1		-						

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 changes, or on an attachment with an arthress with all other like empowered.

SIGNATURE: