199.

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State INISION OF CORPORATIONS

07-07-1999 90011 034 ***150.00

Jul 07, 1999 8:00 am Secretary of State

FILED

1999

DOCUMENT # J08307

TOTAL RESIDENTIAL SERVICES, INC.

| Principal Place of Business | | Malling Address | | | Ì | |
|--|---|--|------------------------|----------------------------------|--|--------------------------------|
| 13030 GULF BLVD. MADEIRA BEACH FL 33708 | | 13030 Gulf BlvD. Madeira Beach Fl 33708 | | | | |
| | | | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | N IHIS SPACE |
| | | | | | 3. Date incorporated or Qualified | j |
| | | | | | 04/09/1986 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 | | 26 | | 59-2674231 | Not Applicable | |
| Suite, Apl. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 22 | | 27 | | | Fee Required | |
| City & Stat | 6° | City & State | | | 6. Election Campaign Financing | \$5:00 May Be |
| 23 | | | | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Count | У | 8. This corporation owes the current | year |
| 24 | 25 | 29 | 30 | | Intangible Personal Property. | Yes V No |
| ····· | 9. Name and Address of Curren | it Registered Agent | | | 10. Name and Address of New Regi | stered Agent |
| | | | 8 | 1 Name | | |
| JORGENSON, JOSEPH T. | | | 8 | 2 Stroot Add | ress (P.O. Box Number is Not Acceptable | <u> </u> |
| 13021 BOCA CIEGA AVE | | | l° | \$ 3000.700. | (.C, box Hamber at Her treespense | , |
| MADEIRA BEACH FL 33708 | | | 8 | 3 | , | |
| | | | | | | |
| | | | 8 | 4 City | | FL 85 Zip Code |
| | | David COT 4500 Florido Plane | | | pration submits this statement for the purpo | see of changing its registered |
| | | | | | ion's board of directors. I hereby accept th | e appointment as registered |
| agent, i | am familiar with, and accept the oblig- | ations of, section 607.0505, Fi | orida Statuti | 38. | | • |
| SIGNATURE | | | | | | |
| O O THE OTTE | Signature, typed or printed name of registered appr | | | Agent signifure req | used when reinstating) | DATE |
| 12. | | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | |
| TITLE | DP | ☐ DELETE | 1.1 TITLE | | | Change Addition |
| NAME | JORGENSEN, JOSEPH T | | 1.2 NAME | <u> </u> | | |
| STREET ADDRESS | 13021 BOCA CIEGA AVE | | 1.3 STRE | ET ADORESS | | |
| CITY-ST-ZIP | MADEIRA BEACH FL | · | 1.4 CITY- | ST-ZIP | | |
| TITLE | | DELETE | 2.1 TITLE | | | Change Addition |
| NAME | | | 2.2 NAME | <u> </u> | | |
| STREET ADDRESS | | | 2.3 STRE | ET ADORESS | | |
| CITY-ST-ZIP | | | 2.4 CITY- | ST-21P | | |
| TITLE | · · · · · · · · · · · · · · · · · · · | DELETE | 3.1 TITLE | | | Change Addition |
| | | DELENE | 3.2 NAME | | فسيحا يجاجب جين جريوه البادات المست | |
| NAME - | | | | ET ADDRESS | | |
| STREET ADDRESS | <u> </u> | | | | · | |
| CITY-ST-ZIP | | | 3.4 CITY- 4.1 TITLE | | | Change Addition |
| TITLE | | L DELETE | | - 1 | | Change Addition |
| NAME | | | 4.2 NAME | · | | |
| STREET ADDRESS | i | | 4.3 STREE | ET ADDRESS . | | |
| CITY-ST-ZIP | _ | | 4.4 CITY- | ST-Z/P | | |
| TITLE | | DELETE | 5.1 TITLE | | | Change Addition |

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 mede 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 18 inchanged, or on an attachment with an address.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

62 NAME 6.3 STREET ADORESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Change Addition

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TOTAL REALTY SERVICES, INC. TOTAL RESIDENTIAL SERVICES, INC. TRAVEL RESORT SERVICES, INC.



(727) 393-2534 1-800-950-2534 FAX: (727) 391-3855

594322-90023-28

July 15, 1999

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Total Residential Services, Inc. FEIN: 59-2674231

To Whom It May Concern:

Per our telephone conversation today enclosed please find a copy of our letter dated June 30, 1999. This letter indicates that we were asking for the \$400.00 late fee be waived due to the fact we did not receive the first notice of filing the annual report.

If you have any question please feel free to call. Thank you in advance for your understanding.

Sincerely,

Denise M. McNew Accountant