

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 # J11875 (8)

1. Corporation Name

ORRISON BROTHERS SERVICE CORP.



Principal Place of Business

Mailing Address

% ROLAND LEE ORRISON
2625 FOURTH AVE., N.E.
PALM BAY FL 32905

% ROLAND LEE ORRISON
2625 FOURTH AVE., N.E.
PALM BAY FL 32905

3. Date Incorporated or Qualified

04/30/1986

3a. Date of Last Report

06/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.
804 CAROLIN ST

Suite, Apt. #, etc.

City & State
Melbourne FL

City & State

Zip
32901

Country
Brevard

Zip

Country

4. FEI Number

59-2676972

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORRISON, ROLAND LEE
780 CRONIN AVE
MELBOURNE FL 32935

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 of corporation

Signature typed or printed name of registered agent and title of corporation

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
ORRISON, ROLAND L
STREET ADDRESS
780 CRONIN AVE
CITY - ST - ZIP
MELBOURNE FL

1. TITLE ☐ Change ☐ Addition

2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

TITLE ☐ DELETE

NAME
ORRISON, GARY MERVIN
STREET ADDRESS
2128 MALABAR LAKES DR NE
CITY - ST - ZIP
PALM BAY FL

2. TITLE ☒ Change ☐ Addition

2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

TITLE ☐ DELETE

NAME
ORRISON, BRIAN CHRISTOPH
STREET ADDRESS
136 SE 1ST ST
CITY - ST - ZIP
SATELLITE BCH FL

3. TITLE ☐ Change ☐ Addition

3. NAME
4. STREET ADDRESS
5. CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME
5. STREET ADDRESS
6. CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME
6. STREET ADDRESS
7. CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 address.

SIGNATURE:

Roland L. Orrison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)