

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J60777 (6)
 1. Corporation Name
SERVPRO OF OSCEOLA COUNTY, INC.



Principal Place of Business % JIM EISMONT 1534 FRANCES ST KISSIMMEE FL 34744	Mailing Address % JIM EISMONT 1534 FRANCES ST KISSIMMEE FL 34744
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2219 W. CLAY STREET Suite, Apt. #, etc. 22 City & State 23 KISSIMMEE FLORIDA Zip Country 24 34741 25 USA		2a. Mailing Address 26 2219 W. CLAY STREET Suite, Apt. #, etc. 27 City & State 28 KISSIMMEE FLORIDA Zip Country 29 34741 30 USA		3. Date Incorporated or Qualified 03/05/1987
4. FEI Number 59-2805459		Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent EISMONT, JIM 1534 FRANCES ST KISSIMMEE FL 34744				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISMONT, JIM	1.2 NAME	
STREET ADDRESS	1534 FRANCES ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34744	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISMONT, JANICE	2.2 NAME	
STREET ADDRESS	3105 HERON LAKE DR., #G	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	2.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHRYN J. EISMONT	3.2 NAME	
STREET ADDRESS	1534 FRANCES STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34744	3.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE ANN WATSON	4.2 NAME	
STREET ADDRESS	1652 PALMETTO DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34744	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 address.

SIGNATURE: *Jim Eismont* 4/27/98 407/933-0707

CR2E034 (10/97)