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Jun 10, 1999 8:00 am  
Secretary of State

06-10-1999 90023 028 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J60777

1. Corporation Name  
SERVPRO OF OSCEOLA COUNTY, INC.

Principal Place of Business

2219 W CLAY STREET  
KISSIMMEE FL 34741  
US

Mailing Address

2219 W CLAY STREET  
KISSIMMEE FL 34741  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1987

4. FEI Number

59-2805459

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

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

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME EISMONT, JIM  
STREET ADDRESS 1534 FRANCES ST  
CITY-ST-ZIP KISSIMMEE FL 34744  DELETE

TITLE STD  
NAME EISMONT, JANICE  
STREET ADDRESS 3105 HERON LAKE DR., #G  
CITY-ST-ZIP KISSIMMEE FL 34741  DELETE

TITLE D  
NAME EISMONT, KATHRYN J  
STREET ADDRESS 1534 FRANCES STREET  
CITY-ST-ZIP KISSIMMEE FL 34744  DELETE

TITLE D  
NAME WATSON, LEE A  
STREET ADDRESS 1552 PALMETTO DRIVE  
CITY-ST-ZIP KISSIMMEE FL 34744  DELETE

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*Janice Eismont*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/99  
Date

407-933-0707  
Daytime Phone #

CR2E034 (1/198)