FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J97028** **(1)**

1. Corporation Name
COMMERCIAL SERVICE COMPANY OF BREVARD, INC.

Principal Place of Business	Mailing Address
119 DELMAR ST. MELBOURNE BCH. FL 32951 US	119 DELMAR ST. MELBOURNE BCH. FL 32951 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/12/1987**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business
21 3470 Floral Palm Blvd.
22 Suite, Apt. #, etc.
23 City & State: Melbourne, Fla.
24 Zip: 32901 25 Country: Brevard

2a. Mailing Address
26 3470 Floral Palm Blvd.
27 Suite, Apt. #, etc.
28 City & State: Melbourne, Fla.
29 Zip: 32901 30 Country: Brevard

4. FEI Number: **59-2853337** ☐ 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

SHERIDAN, DUNCAN T.
1300 CLERMONT STREET
UNIT 203
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3470 Floral Palm Blvd.
83
84 City: Melbourne **FL** 85 Zip Code: 32901

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: Duncan T. Sheridan, President — DATE: 4/29/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1 1 TITLE	☑ Change ☐ Addition	
NAME	SHERIDAN, DUNCAN T.	1 2 NAME		
STREET ADDRESS	119 DELMAR ST.	1 3 STREET ADDRESS	3470 Floral Palm Blvd.	
CITY-ST-ZIP	FLORIDANA BEACH FL	1 4 CITY-ST-ZIP	Melbourne, Fla. 32901	
TITLE	DST	2 1 TITLE	☑ Change ☐ Addition	
NAME	SHERIDAN, ELAINE J.	2 2 NAME		
STREET ADDRESS	119 DELMAR ST.	2 3 STREET ADDRESS	3470 Floral Palm Blvd.	
CITY-ST-ZIP	FLORIDANA BEACH FL	2 4 CITY-ST-ZIP	Melbourne, Fla. 32901	
TITLE		3 1 TITLE	☐ Change ☐ Addition	
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3 4 CITY-ST-ZIP		
TITLE		4 1 TITLE	☐ Change ☐ Addition	
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP		4 4 CITY-ST-ZIP		
TITLE		5 1 TITLE	☐ Change ☐ Addition	
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP		
TITLE		6 1 TITLE	☐ Change ☐ Addition	
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		6 4 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)(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: Elaine Sheridan Elaine Sheridan 4/29/95 407-984-6925
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074440 CP