

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

APPROVED
AND
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97 OCT 29 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K41168 (1)

1. Corporation Name

FLORIDA FEE FOR SERVICE, INC.

Principal Place of Business

Mailing Address

615 A1A S
SUITE 102
PONTE VEDRA BEACH FL 32082
US

P O BOX 757
PO BOX 841
PONTE VEDRA BEACH FL 32004-0841
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO Box 841

22 City & State

27 LAKE LAND

23 Zip

Country

28 Zip

Country

24

25

29 33801

30

USA

9. Name and Address of Current Registered Agent

BANYAS, WAINE M.
615 A1A S
SUITE 102
PONTE VEDRA BEACH FL 32082

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BANYAS, WAINE M.
STREET ADDRESS 114 N. TENNESSEE AVE., STE. 202
CITY-ST-ZIP LAKE LAND FL

TITLE P ☐ DELETE

NAME BANYAS, WAINE M.
STREET ADDRESS 114 N. TENNESSEE AVE., STE. 202
CITY-ST-ZIP LAKE LAND FL

TITLE DSV ☐ DELETE

NAME GRESSENS, RICHARD D
STREET ADDRESS 3382 WIND CHIME DR.
CITY-ST-ZIP CLEARWATER FL 34621

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400002340474--8

-11/06/97-01095-011

****165.00 ****165.00

10/10/30

14. I do 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:

Waine Banyas

10-27-97

904-273-5774

CR2E034 (9/96)

OCTOBER 27.1997

DEPARTMENT OF STATE OF FLORIDA
CORPORATE DIVISION

RE: REINSTATEMENT

YOUR OFFICE SUGGESTED I WRITE THE FOLLOWING.

PLEASE NOTE THAT THE MAILING ADDRESS IS IN LAKE LAND
FLORIDA.

THEREFORE I AM REQUESTING THAT YOU CONSIDER MY
REINSTATEMENT FOR 1998.

THANK YOU FOR ATTENTION IN THIS MATTER.

SINCERELY.


WAYNE BANYAS