

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 07, 1999 8:00 am
Secretary of State

0100812

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **K84643**
 Corporation Name
E & B SERVICE MANAGEMENT CO., INC.



Principal Place of Business
**30 GARY RD
 BONITA SPRINGS FL 34134**

Mailing Address
**% BALLENGER EDWARD L
 4830 GARY RD
 BONITA SPRINGS FL 34134
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/02/1989	
4. FEI Number 65-0120625	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 the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BALLENGER, EDWARD L. 4830 GARY RD BONITA SPRINGS FL 34134		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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.

NATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DELETED	D BALLENGER, EDWARD L. 4830 GARY RD BONITA SPRINGS FL 34134	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED	D BALLENGER, SANDRA L. 2297 DAYTON RD NE NEWARK OH 43055	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DELETED		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Edward L. Ballenger* **EDWARD L. BALLENGER** 8/19/99 740 345-4565
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

K84643
612725-90005-23

8/19/99

Dear Sirs:

Please forgive late fee as I did not
receive first notice due to being out of
State.

Sincerely
Edward J. Ballou