

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L00472 (5)

1. Corporation Name

MUNICIPAL SERVICES INCORPORATED



Principal Place of Business

% JERRY L. NATIONS
409 N IOWA AVE
LAKELAND FL 33801

Mailing Address

% JERRY L. NATIONS
409 N IOWA AVE
LAKELAND FL 33801

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

SEAMON, LINDA
409 N IOWA AVE
LAKELAND FL 33801

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified
07/05/1989

3a. Date of Last Report
10/19/1995

4. FEI Number

59-2966736

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

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 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for both in the State of Florida. Such change is 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 of the person authorized to sign this report on behalf of the corporation

Signature of the person authorized to sign this report on behalf of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
NATIONS, JERRY L.
409 N IOWA AVE
LAKELAND FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
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SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. TITLE
15. NAME
16. STREET ADDRESS
17. CITY- ST- ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY- ST- ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
28. CITY- ST- ZIP
29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY- ST- ZIP
33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY- ST- ZIP
37. TITLE
38. NAME
39. STREET ADDRESS
40. CITY- ST- ZIP
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY- ST- ZIP
45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY- ST- ZIP
49. TITLE
50. NAME
51. STREET ADDRESS
52. CITY- ST- ZIP
53. TITLE
54. NAME
55. STREET ADDRESS
56. CITY- ST- ZIP
57. TITLE
58. NAME
59. STREET ADDRESS
60. CITY- ST- ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY- ST- ZIP

☐ Change ☐ Addition

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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)(b), Florida Statutes. I further certify that the information included 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, director or authorized agent of the corporation; and that I am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report or on an attachment or as a change or addition.

4/15/96 941-688-5493
Date Date of Filing

CR2E034 (12/95)