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FILED

Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L25313** (2)

1. Corporation Name:
LIFE SERVICE CORP., INC.

Principal Place of Business

**301 W BAY ST. STE 2810
JACKSONVILLE FL 32202
US**

Mailing Address

**PO BOX 449
JACKSONVILLE FL 32201-0449
US**

3. Date Incorporated or Qualified
10/25/1989

3a. Date of Last Report
04/03/1996

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

29. Zip

30. Country

4. FEI Number
59-2981611

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

**COOKSEY, C. L.
301 W. BAY STREET
SUITE 2810
JACKSONVILLE FL 32202**

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 of the principal officer or director of the corporation (if not applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	WOTHE, GARY R.	
STREET ADDRESS	301 W BAY ST, STE 2810	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	PCD	<input type="checkbox"/> DELETE
NAME	DRUCE, J. DIX JR.	
STREET ADDRESS	301 W BAY ST, STE 2810	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	COOKSEY, C L	
STREET ADDRESS	301 W BAY ST, STE 2810	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	DUBOSE, JOHN W. III	
STREET ADDRESS	301 W. BAY ST., STE. 2810	
CITY - ST - ZIP	JACKSONVILLE, FL 32202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97

904/358-8441

Date

Daytime Phone

0042197

CR2E034 (9/96)