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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L33348

ZEAVALDEN SERVICES, INC.

Principal Place of Business Mailing Address						(in the state of
2500 WEST 5TH STREET FERNANDINA BEACH FL 32034 US		2500 w 5th Street Fernandina Beach FL 32034 US				DO NOT WRITE IN THIS SPACE
US		00				3. Date Incorporated or Qualifed
						11/28/1989
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-2980367 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 Additional
— · ·	در سخه و دیگر <u> سیماری محو</u> د در پنجمه و جرو	27				5, Certifcate of Status Desired Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip			Cou	ntry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
				81	Name	
HOL	LOWAY, DEANNA M.			-	O4 A	Address (D.O. Dav. Number in Not Acceptable)
2500	W. 5TH ST.			82	Street A	Address (P.O. Box Number is Not Acceptable)
V-3		•		83		
FERM	NANDINA BEACH FL FL 32034					
				84	City	FL 85 Zip Code
		2 and 607 1509 Elorido Statutos	the a	hove	-named c	
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 action stated 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						aguired when reinstation) DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE:			register of Agont agricultural required within constant gr			
12.		ID DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PV	□ DECE IE	1.1 TITLE			
NAME	HOLLOWAY, DEANNA M.		1.2 NA			<u> </u>
STREET ADDRESS	2002 17 0111 017		1.3 ST	REET	ADDRESS	İ
CITY-ST-ZIP	FERNANDINA BEACH FL		1.4 CITY-5		-ZIP	☐ Change ☐ Addition
TITLE	ST	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	HOLLOWAY, DEANNA M.	LLOWAY, DEANNA M. 221		ME		
STREET ADDRESS	2500 W. 5TH ST.		2.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			2.4C	ITY-\$	T-ZIP	
TITLE		☐ DELETE	3.1 TITLE]	☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 \$1	REET	ADDRESS	
CITY-ST-ZIP			3.4. C	ΠY-S	T-ZIP	
TITLE		☐ DELETE	☐ DELETE 4.1 T			☐ Change ☐ Addition
NAME	4.2		4.2 N	AME		
STREET ADDRESS			43.S1	REET	ADDRESS	·
				TY-ST		
CITY-ST-ZIP			5.1 TI		- sur	☐ Change ☐ Addition
			5.2 N			
NAME					ADDRESS	
STREET ADDRESS				1Y-S1		
CITY-ST-ZIP		☐ DELETE	6.1 T		-47	☐ Change ☐ Addition
TITLE		□ DELETE	6.2 N			D such a Character
A)A12C						

6.3 STREET ADDRESS

SIGNATURE: **Z**

NAME

STREET ADDRESS CITY-ST-ZIP

14. 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, with all other like empowered.