

DOCUMENT # L33348

1. Entity Name

ZEAVALDEN SERVICES, INC.

Principal Place of Business

2500 WEST 5TH STREET  
FERNANDINA BEACH FL 32034  
US

Mailing Address

2500 W 5TH STREET  
FERNANDINA BEACH FL 32034-2033  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HOLLOWAY, DEANNA M.  
2500 W. 5TH ST.  
V-3  
FERNANDINA BEACH FL FL 32034

Name

Street Address (

City

8. The above named entity submits this statement for the purpose of changing its registered office or register

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of Sta

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PV  
HOLLOWAY, DEANNA M.  
2500 W 5TH ST.  
FERNANDINA BEACH FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST  
HOLLOWAY, DEANNA M.  
2500 W. 5TH ST.  
FERNANDINA BEACH FL

☐ Delete

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Se indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DEANNA M. HOLLOWAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Deanna M. Holloway DEANNA M. HOLLOWAY 4/24/00 (904) 261-0154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #