

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

FILED
May 08 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 # **L34873** (4)
1. Corporation Name
PROPERTY SERVICES & INVESTMENTS, INC.

Principal Place of Business

Mailing Address

~~1100 SPRING CENTER SOUTH BLVD~~
~~SUITE 000~~
~~ALTAMONTE SPRINGS FL 32714~~
US

~~1100 SPRING CENTER SOUTH BLVD~~
~~SUITE 000~~
~~ALTAMONTE SPRINGS FL 32714 1066~~
US



2. Principal Place of Business
21 **145 Wekiva Springs Rd**
Suite, Apt. #, etc.
22 **Suite 105**
City & State
23 **Longwood FL**
Zip Country
24 **32779** 25 **USA**
2a. Mailing Address
26 **PO Box 3487**
Suite, Apt. #, etc.
27
City & State
28 **Longwood FL**
Zip Country
29 **32779** 30 **USA**

3. Date Incorporated or Qualified
12/06/1989
3a. Date of Last Report
05/01/1996
4. FET Number
59-2979297
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

10. Name and Address of New Registered Agent

ASHE, PAUL R.
1100 SPRING CENTER SOUTH BLVD
SUITE 000
ALTAMONTE SPRINGS FL 32714

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
145 Wekiva Springs Rd, Suite 105
83
84 City **Longwood** FL 85 Zip Code **32779**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	DP			<input type="checkbox"/>
	COCHRAN, JAMES	1100 SPRING CENTER SOUTH BLVD., STE 000	ALTAMONTE SPRINGS FL	
	DST			<input type="checkbox"/>
	ASHLEY, LINDA	1100 SPRING CENTER SOUTH BLVD., STE 000	ALTAMONTE SPRINGS FL	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		145 Wekiva Springs Rd	Suite 105	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Longwood, FL	32779		
		145 Wekiva Springs Rd	Suite 105	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Longwood FL	32779		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **JAMES COCHRAN** 4/30/97 407-865-6101

CR2E034 (9/96)