

DOCUMENT # N01000005813



2008 SEP 15 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Mailing Address
7400 BAYMEADOWS RD WAY
SUITE 317
JACKSONVILLE, FL 32256

2. Principal Place of Business - No P.O. Box #

SEVERN TRENT SERVICES, INC.
475 W TOWN PLACE, #100
ST AUGUSTINE, FL 32092

08272008 Chq-NP CR2E037 (12/06)

4. FEI Number
59-3739057

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHAFER, SHERRILL
7400 BAYMEADOWS RD WAY
STE 317
JACKSONVILLE, FL 32256

Name _____

Street Ad SEVERN TRENT SERVICES, INC.
475 W TOWN PLACE, #100
ST AUGUSTINE, FL 32092

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

~~SIGNATURE~~

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees


**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	WALKER, LORIS	
STREET ADDRESS	7990-1125 BAYMEADOWS RD E	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	P	 Delete
NAME	MATHEWS, BENJAMIN	
STREET ADDRESS	7990 BAYMEADOWS RD #1401	
CITY - ST - ZIP	JACKSONVILLE, FL 32256	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100136147881
STREET ADDRESS	09/19/08--01038--007 **61.25
CITY - ST - ZIP	

TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVIS, RETHA	
STREET ADDRESS	7990-205 BAYMEADOWS RD E	
CITY - ST - ZIP	JACKSONVILLE, FL 32210	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	KRUMRINE, NANDA	
STREET ADDRESS	7990 BAY MEADOWS RD 610	
CITY - ST - ZIP	JACKSONVILLE, FL 32256	

TITLE	NARDA KRUMHINE - SD 7990 BAYMEADOWS RD #610 JAX, FL 32256	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	YILMORE BURKE - D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	7990 BAYMEADOWS RD 1307		
STREET ADDRESS	JAX, FL 32256		
CITY-ST-ZIP			

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone ()