

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

PI

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 JUL 14 AM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N94000002442 (1)**

1. Corporation Name

**NATIONAL SERVPRO FRANCHISEE ASSOCIATION, INC.**

**NSFA, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 1329  
WINTER PARK FL 32790-1329

P.O. BOX 1329  
WINTER PARK FL 32790-1329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1994

3a. Date of Last Report

4. FBI Number

59-3302292 (Rec'd 5/31)

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status ☐

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1205 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.1608, 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                               |
|----------------|-------------------------------|
| TITLE          | President                     |
| NAME           | Ken White                     |
| STREET ADDRESS | 108 Lowell Road               |
| CITY-ST-ZIP    | Windham, NH 03087             |
| TITLE          | Vice President                |
| NAME           | Dan Rutkowski                 |
| STREET ADDRESS | 1444 Roosevelt Drive          |
| CITY-ST-ZIP    | Venice, FL 34293              |
| TITLE          | Vice President                |
| NAME           | Lenny Bass                    |
| STREET ADDRESS | Rt.1, Box 108, N. Highway 441 |
| CITY-ST-ZIP    | Lake City, FL 32055           |
| TITLE          | Treasurer                     |
| NAME           | Sara S. Raley                 |
| STREET ADDRESS | 4814 E. Lake Drive            |
| CITY-ST-ZIP    | Casselberry, FL 32708         |
| TITLE          | Secretary                     |
| NAME           | Eileen Webater                |
| STREET ADDRESS | 14001 Fox Run Court           |
| CITY-ST-ZIP    | Phoenix, MD 21131             |
| TITLE          | Director At Large             |
| NAME           | Ken Pillsbury                 |
| STREET ADDRESS | 4309 Maywood Drive            |
| CITY-ST-ZIP    | Jacksonville, FL 32211        |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 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          |                                                                   |
| 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    |                                                                   |

**100001540101  
-07/18/95--01077--021**

**\*\*\*155.00 \*\*\*155.00**

**CH**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Sara S. Raley* **SARA S. RALEY, SEC. 5/12/95 407-628-4666**

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR

Date

(typing 1 Year)

Pg 4- 244/2

P2

1995 Corporation Annual Report

Directors:

Bob Guilbert  
50 Ralph Talbot Street  
South Weymouth, MA 02190

Bill Wagner  
11 Taft Road  
Portsmouth, NH 03801

Jim Downes  
288 Foster Street  
North Andover, MA 01845

David Hart  
38 Lakeview Ave.  
Haverhill, MA 01830

Howard Webster  
14001 Fox Run Court  
Phoenix, MD 21131

Steve Brenner  
1634 Sulphur Spring Road  
Baltimore, MD 21227

Shirley Drimmel  
1320 Sum Place  
Rapid City, SD 57702

Tom Nyquist  
2311 Springcreek Drive  
Bozeman, MT 59715-4820