PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P13948

CROSS STREET SERVICE, INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90028 012 ***150.00



Principal Place of Business P.O.BOX 15053 GMF LITTLE ROCK AR 72231 DO NOT WRITE IN TO	Appl	uired
DO NOT WRITE IN TO	\$8.75 Ad Fee Req \$5.00 N	Applicable dditional uired
3. Date Incorporated or Qualifed 04/07/1987 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 27 City & State 28 City & State 28 Country	\$8.75 Ad Fee Req \$5.00 N	Applicable dditional uired
2. Principal Place of Business 2a. Mailing Address 25 26 27 29 20 21 21 22 22 27 28 29 20 20 21 20 21 21 22 22 23 26 28 26 28 28 28 28 29 20 20 20 21 20 21 21 22 22 23 26 26 27 27 28 28 28 28 28 29 20 20 20 20 21 21 22 22 23 24 25 26 26 27 27 28 28 28 28 28 28 28 29 20 20 20 20 20 20 20 21 22 22 23 24 25 26 26 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28	\$8.75 Ad Fee Req \$5.00 N	Applicable dditional uired
22. Principal Place of Business 24. Mailing Address 71-0388868 Suite, Apt. #, etc. 25. Certificate of Status Desired City & State City & State 26. City & State City & State 27. Country Zip Country Zip Country Zip Country A. FE Number 71-0388868 5. Certificate of Status Desired Trust Fund Contribution R. This corporation owes the current year Personal Property Tax.	\$8.75 Ad Fee Req \$5.00 N	Applicable dditional uired
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	☐ Yes [□No
24 25 29 30 40 W 1 Address of New Pogiete	red Agent	
9. Name and Address of Current Registered Agent 81 Name		
EDDINS, RUSSELL 82 Street Address (P.O. Box Number is Not Acceptable)		
4165 SPRING GLEN ROAD		£1: 5:#1: 1231
JACKSONVILLE FL 32207		
84 City	85 Zip C	ode
	FL	intered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpos 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 adjusted agent, or both the obligations of Section 607.0505. Florida Statutes.	ppointment as reg	jistered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bodies of state of state of Florida. Such change was authorized by the corporation's bodies of state of state of Florida. Such change was authorized by the corporation's bodies of state of Florida. Such change was authorized by the corporation's bodies of state of Florida. Such change was authorized by the corporation's bodies of state of Florida. Such change was authorized by the corporation's bodies of state of Florida. Such change was authorized by the corporation's bodies of state of Florida. Such change was authorized by the corporation's bodies of state of Florida. Such change was authorized by the corporation's bodies of state of Florida.		
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). (NOTE: Registered Agent signature required when reinstating).		RS IN 12
12. OFFICERS AND DIRECTORS	Change	Addition
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NAME SALMON, DON G		}
STREET ADDRESS 3009 NOUNDTOF NO.		
CITY-ST-ZIP NORTH LITTLE HOOR AIT	☐ Change	Addition
CALLEON TOTALD		
NAME SALMON, 10M H STREET ADDRESS 3812 ROUNDTOP RD. 23 STREET ADDRESS		
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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.