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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998 DOCUMENT #

(2)

Secretary of State DIVISION OF CORPORATIONS



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Feb 05 1998 8:00am

SERVIL	CE COMPANY SOUTH, INC.								
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Principal Plac	ce of Business	Mailing Address				-	IIII BEBEL BEBL	BIIDII BIBIK DID	
P.O. BOX 63		P.O. BOX 6302]			
MOBILE AL 36660-0302 MOBILE AL 36660-0302									
บร		US				DO NOT WRIT	E IN THIS S	PACE	
						3. Date Incorporated or Qualified	-		
						02/06/1992			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		IA	pplied For
21		26				63-1058319			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27				5. Certificate of Status Desired	L.,	Fee R	equired
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes or has p	ald the curr	ent year In	tangible
24	25	29	30			Personal Property Tax due Jun			□ No
	9. Name and Address of Current	Registered Agent			 	10. Name and Address of New R	egistered /	\gent	
	r Corporation System			81 !	Nam e				
	00 S. PINE ISLAND ROAD			82 5	Street Addre	ss (P.O. Box Number is Not Accepta	hla)		
PL/	ANTATION FL 33324			- `	stroot riddio	Control to the the thought	iolej		
			•	83					
				24				T C 22	
				84 (City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida St	atutes, the al	oove-n	amed corpo	ration submits this statement for the		changing i	ts realstered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change w	as authorized	d by th	e corporatio	in's board of directors. I hereby acce	pt the appo	ointment as	registered
	an termina with and accept the obligati	ons or, dection doz.dodo	, Florida Stat	uies.					
SIGNATURE									
	Signature, typed or printed name of registered agent :	and title it applicable,	NOTE: Registered	d Agent s	ignature required	when reinstating)	DATE		
12.	Signature, typed or printed name of registered agent of OFFICERS AND		NOTE: Registered	d Agent s	Ignature required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTOR	RS IN 12
12.					ignature required	when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTOR Change	RS IN 12
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I hereby certify that the information supplied with this tiling does not quality for the indicated on this annual report or supplemental annual report is true and accurate officer or director of the corporation or the receiver or trustee empowered to execublock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ~