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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P92000009324**

Principal Place of Business

S & S RECOVERY SERVICES, INC.

10001 FOX RUN RD PENSACOLA FL 32514		10001 FOX RUN RD PENSACOLA FL 32514		DO NOT WOLF IN	THE CDACE		
					DO NOT WRITE IN T  3. Date Incorporated or Qualified  12/04/1992	HIS SPACE	
2. Principal Pl	lace of Business	2a. Mailing Address		<del>.</del>	4. FEI Number	Apr	plied For
21		26			59-3152677	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
22		27			3. Certificate of Status Desired	Fee Re	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	,
23		28			Trust Fund Contribution	Added to	o Fees
Zip			Country	,	8. This corporation owes the current year		□No
24	25	29 3	0		Personal Property Tax.		
	9. Name and Address of Curre	int Registered Agent	81	Name	10. Name and Address of New Registe	red Agent	
CLAF	RK, C B			I TAZING			
10001 FOX RUN RD			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	SACOLA FL 32514		83				
			84	City		FL 85 Zip C	Code
SIGNATURE	m familiar with, and accept the oblig	gent and title if applicable. (NOTE: R	tegistered Agei		ed when reinstating) DAT		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	CLARK CARROLL R	☐ DELETE	1.1 TITLE			[_] Change	LI Addition
NAME	CLARK, CARROLL B 10001 FOX RUE RD.		1.2 NAME				
STREET ADDRESS	DENIGROUP EL COSTA			TADDRESS			
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	1-ZP		☐ Change	Addition
TITLE NAME			2.2 NAME			_ ,	_
STREET ADDRESS	109 AIRPORT BLVD		2.3 STREET ADORESS				
CITY-ST-ZIP	PENSACOLA FL 32504		2.4 CITY-	i i			}
TITLE	ST DELETE		3.1 TITLE	,, ,,,		☐ Change	☐ Addition
NAME	A		3.2 NAME			***************************************	
STREET ADDRESS	1971 MERLIN RD		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32506		3.4. CITY-	ST-ZIP			,
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			<b>□ k</b> 3322 - 1
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				T ADDRESS			Ì
CITY-ST-ZIP		□ DELETE	5.4 CITY- S 6.1 TITLE	ii-ZIP		Change	☐ Addition
TITLE		☐ DELETE	6.2 NAME				
NAME	l		■ U.Z IOWIC	i i			

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90261 041 \*\*\*150.00