SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1996.
AMOUNT DUE ON OR BEFORE 8/0/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -9 AM 8:15

DOCUMENT # **P92000014021 (9)**

1. Corporation Name

SERVICE INDUSTRIES, INC.

Principal Place of Business	Mailing Address
810 N.W. 25TH AVENUE SUITE 107 OCALA FL 34475	810 N.W. 25TH AVENUE SUITE 107 OCALA FL 34475

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/21/1992	3a. Date of Last Report: 06/16/1994
4. FEI Number: 65-0379881	Applied For ☐ Not Applicable ☐
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LABONTE, ERNEST H
810 N.W. 25TH AVENUE
SUITE 107
OCALA FL 34475

10. Name and Address of New Registered Agent

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☒ Change ☐ Addition
NAME	LABONTE, ERNEST H	12 NAME	LaBonte, Ernest H	
STREET ADDRESS	810 N.W. 25TH AVENUE SUITE 107	13 STREET ADDRESS	810 N.W. 25th Ave. Suite 102	
CITY-ST-ZIP	OCALA FL 34475	14 CITY-ST-ZIP	Ocala, FL. 34475	
TITLE	D	21 TITLE	V	☒ Change ☐ Addition
NAME	LABONTE, JULES R	22 NAME	LaBonte, Jules R	
STREET ADDRESS	810 N.W. 25TH AVENUE SUITE 107	23 STREET ADDRESS	810 N.W. 25th Ave. Suite 102	
CITY-ST-ZIP	OCALA FL 34475	24 CITY-ST-ZIP	Ocala, FL. 34475	
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	LABONTE, ROBERT O	32 NAME	LaBonte , Robert O.	
STREET ADDRESS	810 N.W. 25TH AVENUE SUITE 107	33 STREET ADDRESS	ACCEPTED RESIGNATION ON 6/1/95, Robert is no	
CITY-ST-ZIP	OCALA FL 34475	34 CITY-ST-ZIP	longer with the company.	
TITLE	D	41 TITLE	T/S	☒ Change ☐ Addition
NAME	LABONTE, JOSEPH E	42 NAME	LaBonte, Joseph A.	
STREET ADDRESS	810 N.W. 25TH AVENUE SUITE 107	43 STREET ADDRESS	810 N.W. 25th Ave. Suite 102	
CITY-ST-ZIP	OCALA FL 34475	44 CITY-ST-ZIP	Ocala, FL. 34475	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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 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.

SIGNATURE: Ernest H. LaBonte 6/6/95 904/351-4510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

611P810 CR