

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90062 019 ***158.75

DOCUMENT # P92000014021

1. Corporation Name

SERVICE INDUSTRIES, INC.

Principal Place of Business

810 N.W. 25TH AVENUE
SUITE 107
OCALA FL 34475

Mailing Address

810 N.W. 25TH AVENUE
SUITE 107
OCALA FL 34475

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1992

4. FEI Number

65-0379881

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



No

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

Frank F. Healy

82 Street Address (P.O. Box Number is Not Acceptable)

810 NW 25th Ave., STE 102

83

84 City Ocala

85 Zip Code: FL 34475

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

Joseph A. Labonte

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-99

OFFICERS AND DIRECTORS

12. TITLE

VP
NAME LABONTE, JULES R
STREET ADDRESS 810 N.W. 25TH AVENUE SUITE 107
CITY-ST-ZIP Ocala FL

☐ DELETE

TITLE
NAME TS
STREET ADDRESS LABONTE, JOSEPH E
CITY-ST-ZIP 810 N.W. 25TH AVENUE SUITE 107
OCALA FL

☐ DELETE

TITLE
NAME P
STREET ADDRESS HEALY, FRANK F
CITY-ST-ZIP 810 NW 25TH AVE STE 102
OCALA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

Joseph A. Labonte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99 352-351-4510
Date Daytime Phone #

CR2E034 (1/98)