

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90156 015 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P93000003823**

1. Corporation Name  
**TECHSERV INC.**



Principal Place of Business      Mailing Address

101 LAKEVIEW DRIVE      101 LAKEVIEW DRIVE  
 EUFAULA AL 36027      EUFAULA AL 36027  
 US      US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 306 Cherry Street Suite, Apt. #, etc	26 306 Cherry Street Suite, Apt. #, etc
22 Eufula, AL City & State	27 Eufula, AL City & State
23 36027 Zip      Country	28 36027 Zip      Country
24	30

3. Date Incorporated or Qualified  
**01/19/1993**

4. FEI Number      Applied For  
**59-3162971**      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

8. This corporation owes the current year Intangible Personal Property Tax.       Yes       No

9. Name and Address of Current Registered Agent

**ENNIS, KRIS H**  
**JACOBY, ENNIS, DAVIS LAW OFFICE**  
**1423 S. PATRICK DR.**  
**SATELLITE BEACH FL 32937**

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 *Richard W. Wengels*      CMA      DATE **3-15-99**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>PDTS</b> <input type="checkbox"/> DELETE
NAME	<b>SELFE, CARL K</b>
STREET ADDRESS	<b>101 LAKEVIEW DR.</b>
CITY-ST-ZIP	<b>EUFAULA FL 36027</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SELFE, BETH C</b>
STREET ADDRESS	<b>101 LAKEVIEW DRIVE</b>
CITY-ST-ZIP	<b>EUFAULA FL 36027</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>MEAGHER, ARNOLD J</b>
STREET ADDRESS	<b>401 ST. FRANCIS DRIVE</b>
CITY-ST-ZIP	<b>JUPITER FL 36027</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Beth Selfe*      DATE: **3-15-99**      DAYTIME PHONE #: **(334) 667-2111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (1/198)