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**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 101 LAKEVIEW DRIVE EUFAULA AL 36027 US	Mailing Address 101 LAKEVIEW DRIVE EUFAULA AL 36027 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/19/1993</b>
21 <b>306 Cherry Street</b> Suite, Apt. #, etc	26 <b>306 Cherry Street</b> Suite, Apt. #, etc	4. FEI Number <b>59-3162971</b>
22 <b>Eufaula, AL</b> City & State	27 <b>Eufaula, AL</b> City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
23 <b>36027</b> Zip	28 <b>36027</b> Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>ENNIS, KRIS H JACOBY, ENNIS, DAVIS LAW OFFICE 1423 S. PATRICK DR. SATELLITE BEACH FL 32937</b>	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code <b>FL</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDTS</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SELFE, CARL K</b>	12 NAME	
STREET ADDRESS	<b>101 LAKEVIEW DR.</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>EUFAULA FL 36027</b>	14 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SELFE, BETH C</b>	22 NAME	
STREET ADDRESS	<b>101 LAKEVIEW DRIVE</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>EUFAULA FL 36027</b>	24 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEAGHER, ARNOLD J</b>	32 NAME	
STREET ADDRESS	<b>401 ST. FRANCIS DRIVE</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>JUPITER FL 36027</b>	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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

CR2E034 (1/198)