

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: 101 LAKEVIEW DRIVE, EUFAULA AL 36027, US

Mailing Address: 101 LAKEVIEW DRIVE, EUFAULA AL 36027, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 306 Cherry Street, Eufaula, AL 36027

2a. Mailing Address: 26 306 Cherry Street, Eufaula, AL 36027

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

4. FEI Number: 59-3162971

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:  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, 83, 84 City, 85 Zip Code (FL)

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* (Signature, typed or printed name of registered agent and title if applicable) *CMA* (NOTE: Registered Agent signature required when translating) DATE: 3-15-99

12. OFFICERS AND DIRECTORS

TITLE	PDTS	<input type="checkbox"/> DELETE
NAME	SELFE, CARL K	
STREET ADDRESS	101 LAKEVIEW DR.	
CITY-ST-ZIP	EUFAULA FL 36027	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SELFE, BETH C	
STREET ADDRESS	101 LAKEVIEW DRIVE	
CITY-ST-ZIP	EUFAULA FL 36027	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MEAGHER, ARNOLD J	
STREET ADDRESS	401 ST. FRANCIS DRIVE	
CITY-ST-ZIP	JUPITER FL 36027	
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) 687-2111

CR2E034 (1/198)