FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000025959 (6)**

1. Corporate Name
MIKES SERVICE COMPANY, INC.

Principal Place of Business	Mailing Address
2012 OVERLOOK DR SE WINTER HAVEN FL 33884	2012 OVERLOOK DR SE WINTER HAVEN FL 33884

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/05/1993**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-3184565** ☐ 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

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BYWATER, JOSEPH G
1828 SOUTH FLORIDA AVE
LAKELAND FL 33803

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 Section 607.0505, and 607.1908, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
51 TYPE	D	51 TYPE ☐ Change ☐ Addition
52 NAME	WESSELL, MIKE J	52 NAME
53 STREET ADDRESS	2012 OVERLOOK DR SE	53 STREET ADDRESS
54 CITY-ST-ZIP	WINTER HAVEN FL 33884	54 CITY-ST-ZIP
55 TYPE	D	55 TYPE ☐ Change
56 NAME	WESSELL, PAMELA A	56 NAME
57 STREET ADDRESS	2012 OVERLOOK DR SE	57 STREET ADDRESS
58 CITY-ST-ZIP	WINTER HAVEN L3 3884	58 CITY-ST-ZIP
59 TYPE		59 TYPE ☐ Change ☐ Addition
60 NAME		60 NAME
61 STREET ADDRESS		61 STREET ADDRESS
62 CITY-ST-ZIP		62 CITY-ST-ZIP
63 TYPE		63 TYPE ☐ Change ☐ Addition
64 NAME		64 NAME
65 STREET ADDRESS		65 STREET ADDRESS
66 CITY-ST-ZIP		66 CITY-ST-ZIP
67 TYPE		67 TYPE ☐ Change ☐ Addition
68 NAME		68 NAME
69 STREET ADDRESS		69 STREET ADDRESS
70 CITY-ST-ZIP		70 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is true and that I am not claiming exemption under Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 1, 2, or 13 above, if applicable, or on an attached sheet with my address.

SIGNATURE: Michael J Wessell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95
Date

813 3246479
Daytime Phone #

0318092 CP