

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

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90047 049 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P93000046230

1. Corporation Name
SVEC SERVICES, INC.



Principal Place of Business Mailing Address
 1725 S OHIO AVE P.O. BOX 6070
 LIVE OAK FL 32060 LIVE OAK FL 32064
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1993

4. FEI Number **59-3227749** 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

7. Trust Fund Contribution

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

MARTIN, JERRY
1725 S OHIO AVE
LIVE OAK FL 32060

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, DOYLE	1.2 NAME	
STREET ADDRESS	RT 1 BOX 669	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL 32066	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAIR, ALTON	2.2 NAME	
STREET ADDRESS	RT 3 BOX 176	2.3 STREET ADDRESS	
CITY-ST-ZIP	JASPER FL 32052	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, W F	3.2 NAME	
STREET ADDRESS	RT 3 BOX 72	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL 32066	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, HUGH	4.2 NAME	
STREET ADDRESS	RT 4 BOX 63	4.3 STREET ADDRESS	
CITY-ST-ZIP	JASPER FL 32052	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POUCHER, GEORGE E	5.2 NAME	
STREET ADDRESS	3966 72ND STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL 32060	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JERRY	6.2 NAME	
STREET ADDRESS	1725 SOUTH OHIO AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL 32060	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: *George E Poucher* 04/01/99 (904) 362-2226
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
GEORGE E POUCHER

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REGISTRATION DATE: 07/01/1993

FEI NUMBER: 59-3227749

CORPORATE NAME: SVEC SERVICES INC
1725 S OHIO AV
LIVE OAK FL 32060

REGISTERED AGENT: P
MARTIN, JERRY
1725 S OHIO AV
LIVE OAK FL 32060

OFFICERS/DIRECTORS (CONT.) D
GOFF, JERRY
10379 168TH ST
MCALPIN FL 32062

D
SCOTT, REGINALD H JR
14136 76TH ST
LIVE OAK FL 32060

D
WARD, A L
15673 189TH RD
MCALPIN FL 32062

D
WALKER, J C
P O BOX 116 N/A
BRANFORD FL 32008

D
GREEN, WYLAN
P O BOX 1241 N/A
LIVE OAK FL 32060