

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000049474 (8)

1. Corporation Name

BEST SALES & SERVICE COMPANY, INC.



Principal Place of Business

11003 HEARTH RD
UNIT 1
SPRING HILL FL 34608

Mailing Address

11003 HEARTH RD
UNIT 1
SPRING HILL FL 34608

3. Date Incorporated or Qualified

07/08/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 10571 Hearth Rd.

4. FEI Number

59-3188408

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 s. 199.032,
Florida Statutes ☐ Yes ☐ No

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

28 Spring Hill, FL

24 Zip

25 Country

29 Zip

30 Country

34608

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERGERON, GILLES
11003 HEARTH RD
UNIT 1
SPRING HILL FL 34608

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

Gilles Bergeron

Signature, typed or printed name of registered agent and time if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BERGERON, GILLES
STREET ADDRESS % 11003 HEARTH RD UNIT 1
CITY-ST-ZIP SPRING HILL FL 34608 ☐ DELETE

1.1 TITLE
12 NAME ☐ Change ☐ Addition
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VD
NAME BERGERON, LUCILLE
STREET ADDRESS % 11003 HEARTH RD UNIT 1
CITY-ST-ZIP SPRING HILL FL 34608 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE T
NAME GRIMM, MICHAEL
STREET ADDRESS % 11003 HEARTH RD UNIT 1
CITY-ST-ZIP SPRING HILL FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE S
NAME JUDITH, L. B
STREET ADDRESS % 11003 HEARTH RD. UNIT 1
CITY-ST-ZIP SPRING HILLS FL ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gilles Bergeron 4/29/96

352-666-0800

Date

Day/Year/Phone #

CR2E034 (12/95)