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

PROFIT CORPORATION ANNUAL REPORT

4000



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

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P93000054447 (6)

SERVICE NOW, INC				
Principal Place of Business	Mailing Address		- (10011088) IIIQ HAFRE IHAN QQIH QQIH	BOILL BESCH OLSH OIRN OLDN SIDN SIDN 1681 1681
3925 SAWYER ROAD SARASOTA FL 34233	3925 SAWYER ROAD SARASOTA FL 34233			
			3. Date Incorporated or Qualified 07/22/1993	3a. Date of Last Report 04/11/1995
Principal Place of Business 21	2a. Mairing Address 26		4. FEI Number 65-0437457	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _I ρ Country 25	29	Country 30	This corporation has liability for it Florida Statutes Yes	
9. Name and Addres	ss of Current Registered Agent		10. Name and Address of New R	egistered Agent
DELLIQUED 1.0		81 Name		
PFLUGNER, J G 2033 MAIN STREET			ss (P.O. Box Number is Not Acceptabl	e)
SUITE-600		83 Suit	e 101	
SARASOTA FL 34237		84 City		85 Zip Code
11 Pursuant to the provisions of Section	ns 607.0502 and 607.1508, Florida Statute State of Florida. Such change was authorize ions of, Section 607.0505, Florida Statutes.	se the above parced coroses	tion a shorte this statement for the aure	FL S Z COOK
	FICERS AND DIRECTORS	13. 1. 1 TITLE	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS 3925 SAWYER RO	DAD	1.2 NAME 1.3 STREET ADDRESS		
CTY-ST-ZiP SARASUIA FL 34	DELETE	1.4 C)TY-ST-Z)P 2 1 TITLE		Change Addition
NAME		2 2 NAME		C country
STREET ADDRESS		2.3 STREET ADDRESS		
City St ZiP		2 4 CHY-ST-ZIP		
THE	DELETE	3 1 TITLE		Change Addition
NAV)		3.2 NAME		
STREET ADDRESS		3.3 STREFF ADDRESS		
CHY \$1-78P	DELETE	3 4 CHTY-ST-ZIP		Channe El Addition
NAME		4 1 TITLE 4 2 NAME		Change Addition
STAREL ADDRESS		4 2 NAME 4 3 STREET ADDRESS		
CHY-\$1 70°		4 4 CITY-ST-ZIP		
TOLE	DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CHY-S1-ZIP		5 4 CITY-ST-ZIP		
THE	☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME SERVE E ADROGEOG		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
City \$1-ZiF	on supplied with this filing is voluntarily furni	6.4 CITY-ST-ZIP shed and does not qualify for	the exemption stated in Section 1197	7/3)/k) Florida Statutos Lituribor
certify that the information indicated outh, that I am an officer or director	on this annual report or supplemental annu of the corporation or the receiver or trustee shanged, or on an attachment with an addre	al report is true and accurate enipowered to execute this	and that my signature shall have the a	same legal effect as if made under

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

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