


FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
May 08 1998 8:00am
Secretary of State

| | | | |
|---|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P93000079918 (7) 1. Corporation Name BRISTOL SERVICES, INC. | | | |
| Principal Place of Business 15001 WOODRICH BEND CT 350 FORT MYERS FL 33908 US | | Mailing Address 15001 WOODRICH BEND CT 350 FORT MYERS FL 33908 US | |
| 2. Principal Place of Business 21 5329 Summerlin Road Suite, Apt. #, etc. 22 Unit #2 City & State 23 Fort Myers, Florida Zip 24 33919 Country 25 USA | | 2a. Mailing Address 26 5329 Summerlin Road Suite, Apt. #, etc. 27 Unit #2 City & State 28 Fort Myers, Florida Zip 29 33919 Country 30 USA | |
| 3. Name and Address of Current Registered Agent MORROW, ROBERT G 15001 WOODRICH BEND COURT 350 FORT MYERS FL 33908 | | 31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 5329 Summerlin Road, Unit #2 33 34 City Fort Myers FL 35 Zip Code 33919 | |
| 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MORROW, ROBERT G. 15001 WOODRICH BEND COURT 350 FORT MYERS FL <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5329 Summerlin Road, Unit #2 Fort Myers, Florida 33919 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS MORROW, LAURI R. 15001 WOODRICH BEND COURT 350 FORT MYERS FL <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Luke L. Pflueger 5329 Summerlin Road, Unit #2 Fort Myers, Florida 33919 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/11/1993 | |
| 4. FEI Number 65-0453967 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Name and Address of New Registered Agent | |

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.

SIGNATURE: Robert G. Morrow *Robert G. Morrow* 4-29-98 941-275-303

CR2E034 (10/97)