

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 07 1997 8:00am
Secretary of State

DOCUMENT # P94000010098 (9)

1. Corporation Name

PRO-SERVICE & MAINTENANCE, INC.



Principal Place of Business

8469 GULF BLVD.
NAVARRE BEACH FL 32566

Mailing Address

8469 GULF BLVD.
NAVARRE BEACH FL 32566-7217

3. Date Incorporated or Qualified

02/08/1994

3a. Date of Last Report

03/20/1996

4. FEI Number

59-3238787

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

2. Principal Place of Business

21 184 EGLIN PKWY NE

Suite, Apt. #, etc.

22 Suite #7

City & State

23 FT WALTON, FL

Zip

24 32548

Country

25 OKALOOSA

2a. Mailing Address

26 184 EGLIN PKWY NE

Suite, Apt. #, etc.

27 Suite 7

City & State

28 FT WALTON, FL

Zip

29 32548

Country

30 OKALOOSA

9. Name and Address of Current Registered Agent

STROM, TRACY O
92 EGLIN PKWY, NE
FT. WALTON BEACH FL 32548

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

(Type, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CAGAN, ISADORE	
STREET ADDRESS	2981 CIELO CIRCLE SOUTH	
CITY - ST - ZIP	CLEARWATER FL 34619	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SEYER, LINDA	
STREET ADDRESS	766 SAILFISH DR.	
CITY - ST - ZIP	FT. WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAGAN, JEFFREY	
STREET ADDRESS	8105 SKOKIE BLVD.	
CITY - ST - ZIP	SKOKIE IL 60077	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAGAN, ISADORE	
1.3 STREET ADDRESS	734 Avenida CUARTA #101	
1.4 CITY - ST - ZIP	Clermont, FL 34711	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CAGAN, JEFFREY	
3.3 STREET ADDRESS	3856 OAKTON	
3.4 CITY - ST - ZIP	SKOKIE, IL 60076	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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:

Linda Seyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97
Date

904-302-0130
Daytime Phone #

CR2E034 (9/96)