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95 MAY -1 PM 2:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000078097 (0)

1. Corporation Name:

CYLINDER SERVICES, INC.

Principal Place of Business
**1227 MARSHALL FARMS ROAD
OCOOEE FL 34761**

Mailing Address
**1227 MARSHALL FARMS ROAD
OCOOEE FL 34761**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
10/25/1994

3a. Date of Last Report

4. FEI Number
59-3305330

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. 194.032,
Florida Statute. ☐ 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

28. Zip

24. City

29. City

25. State

30. State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NICKENS, DAN A
1227 MARSHALL FARMS ROAD
OCOOEE FL 34761**

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 607.06(2) and 607.14(1), Florida Statutes, the above named corporation certifies 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 607.06(2), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	BLAKELEY, ANN
3. STREET ADDRESS	137 DOWN COURT
4. CITY, ST., ZIP	WINDERMERE FL 34786
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST., ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST., ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 134.07(2)(b), 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 sign this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Ann Blakeley, President
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

4/26/95
DATE

407-877-0877
TELEPHONE NUMBER