FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 APR -7 AM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000083645 (9)**

1. Corporate Name

SILENT SERVANT, INC.

Principal Place of Business	Mailing Address
1995 DIPOL CTWY TITUSVILLE FL 32780	1995 DIPOL CTWY TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/16/1994** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number (EIN): 59-3279637 ☐ 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

9. Name and Address of Current Registered Agent

BUCCERI, ROBERT N
1995 DIPOL CTWY.
TITUSVILLE FL 32780

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 607.0501 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 (if changing registered agent, Registered Agent signature required above) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
91 TITLE	PSD	1 TITLE	☐ Change ☐ Addition
NAME	BUCCERI, ELIZABETH W	2 NAME	
STREET ADDRESS	1995 DIPOL CTWY	3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	4 CITY-ST-ZIP	
92 TITLE	VTD	5 TITLE	☐ Change ☐ Addition
NAME	BUCCERI, ROBERT N	6 NAME	
STREET ADDRESS	1995 DIPOL CTWY	7 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32780	8 CITY-ST-ZIP	
93 TITLE		9 TITLE	☐ Change ☐ Addition
NAME		10 NAME	
STREET ADDRESS		11 STREET ADDRESS	
CITY-ST-ZIP		12 CITY-ST-ZIP	
94 TITLE		13 TITLE	☐ Change ☐ Addition
NAME		14 NAME	
STREET ADDRESS		15 STREET ADDRESS	
CITY-ST-ZIP		16 CITY-ST-ZIP	
95 TITLE		17 TITLE	☐ Change ☐ Addition
NAME		18 NAME	
STREET ADDRESS		19 STREET ADDRESS	
CITY-ST-ZIP		20 CITY-ST-ZIP	
96 TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	

14. I the undersigned certify that the information supplied with this filing is substantially complete and 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 above, or on an attachment with an additional.

SIGNATURE: Elizabeth W. Buccieri

SIGNATURE AND TYPED OR PRINTED NAME OF WHOM OFFICER OR DIRECTOR Date

0416100 FR