

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

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Abshagen
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **P94000085757 (0)**

1. Corporation Name
SERS, INC.

APPROVED
AND
FILED
55 MAY -1 AM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2111 W. BEAVER STREET
JACKSONVILLE FL 32209**

Registered Agent
**2111 W. BEAVER STREET
JACKSONVILLE FL 32209**

3. Filing Date (Month/Day/Year) 11/28/1994	3a. Filing Method Request ☐ Applied For ☐ Not Applicable
4. Filing Number 59-3279213	
5. Certificate of Status Requested ☐	\$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 campaign law under 11C.F.R. 101.101. Do you agree? ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**HIEB, E. ALLEN JR.
1301 RIVERPLACE BLVD.
SUITE 1500
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (If no business is not Applicable)	
83. City & State	
84. Zip	FL 85 Zip Code

11. Pursuant to the provisions of Chapter 607, Florida Statutes, and the Florida Statutes, the above named corporation certifies the statement for the purpose of changing its registered office as requested agent or address in the State of Florida, and a change was authorized by the corporation's board of directors. Thereby, accept the appointment as registered agent. I am a resident of the State of Florida and accept the appointment as requested agent or address in the State of Florida.

SUBMITTER

12. OFFICERS AND DIRECTORS

**D
SKITSKO, G. BARRY
2111 W. BEAVER STREET
JACKSONVILLE FL 32209**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

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

14. I, the undersigned, certify that the information reported with this report is voluntarily furnished and changed equally for the corporation stated in the laws of the State of Florida. I further certify that the information reported in this document is true and accurate and that the corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation and that the report or business report was prepared to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, on Block 1, in the report or business report with an address.

SIGNATURE:

SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. BARRY SKITSKO 4-7-95 9043581701