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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90036 008 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000003229

1. Corporation Name
P.F.C. SERVICES, INC.

Principal Place of Business
**9361 BEAULCERC WOOD LN N
JACKSONVILLE FL 32257
US**

Mailing Address
**9361 BEAULCERC WOOD LN N
JACKSONVILLE FL 32257
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/09/1995

4. FEI Number
59-3292312

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **9361 Beaulerc Wd. Ln. N.**
Suite, Apt. #, etc.

26 **9361 Beaulerc Wd Ln. N.**
Suite, Apt. #, etc.

22
City & State
Jacksonville FL

27
City & State
Jacksonville, FL

23
Zip Country
32257 USA

28
Zip Country
32257 USA

24 **32257** 25 **USA**

29 **32257** 30 **USA**

9. Name and Address of Current Registered Agent

**COLD, KATHLEEN H
ONE INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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

☐ DELETE

TITLE
D
NAME
CHASSMAN, MARGARET F
STREET ADDRESS
9361 BEAULCERC WOOD LANE WEST
CITY-ST-ZIP
JACKSONVILLE FL 32257

TITLE
D
NAME
CHASSMAN, JULIAN
STREET ADDRESS
9361 BEAULCERC WOOD LANE WEST
CITY-ST-ZIP
JACKSONVILLE FL 32257

TITLE
D
NAME
CHASSMAN, JULIAN
STREET ADDRESS
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TITLE
D
NAME
CHASSMAN, JULIAN
STREET ADDRESS
9361 BEAULCERC WOOD LANE WEST
CITY-ST-ZIP
JACKSONVILLE FL 32257

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: **Margaret F. Chassman President** **2/25/99** **(904) 731-8675**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)