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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90105 043 \*\*\*150.00

## DOCUMENT # P95000013596

**BUNCH SERVICES INCORPORATED** 

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Principal Place of Business Mailing Address										
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22 Suite, Apr.	#, etc.	27			****	5. Certifcate of Status D	esired	F	Fee Rec	quired
City & Stat	LAND, FL.	City & State  28 LAKE LANI	<b>&gt;</b> ,	F	=_					•
Zip	Country	Zip	Cou	ntry		8. This corporation owe	s the current ye	ar Intangible		
24 33810	)- <i>]00 6</i> [25]	29 33810-1006 3	0			Personal Property Ta	х.	□Y€	es ]	<b>240</b>
	9. Name and Address of Curren	t Registered Agent		L.,		10. Name and Address	of New Regist	ered Agent	<u>t</u>	_
				81	Name	•				
LAKELAND FL 33809  33810-1006		82	Street Addres	ss (P.O. Box Number is No	t Acceptable)					
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	33810-1000			84	City			85	Zip C	ode
						<u> </u>				_
11. Pursuant office or ragent. I a	BONORTH JOSE MATHER RD. NORTH LIKELAND FL. 33809  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified Q1/16/1995  Pack of Business 3. A Halling Address 3. Date Incorporated or Qualified Q1/16/1995  A FER Number  S. OLAK ELAND ACRES RD  S. Signa, Apl. 8, acc.  S. Subject, Applied For Nor Appl									
SIGNATURE	Lamask & Sun	/ JAMES	DIE	30	NC4	PRES.	JAN	4.19	99	
	U		<u> </u>	Agent s	signature required v		DA DECIDE	TE J		
12.	T				····	ADDITIONS/CHANGE	S TO OFFICER			
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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 poort 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 this tee 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:

GNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Description Phone #

R2E034 (11/98)