

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000016749 (0)

1. Corporation Name

T & S SERVICE, INC.



Principal Place of Business

1740 CR 210 WEST  
JACKSONVILLE FL 32259

Mailing Address

1740 CR 210 WEST  
JACKSONVILLE FL 32259

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KOLEILAT, M. TAREK  
1740 CR 210 WEST  
JACKSONVILLE FL 32259

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 607.0502 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 is required when re-registering.)

Date

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

KOLEILAT, M. TAREK

STREET ADDRESS

584 RED CLOUD TRAIL

CITY - ST - ZIP

ST. AUGUSTINE FL 32086

TITLE

VD

☐ DELETE

NAME

KOLEILAT, SAADELDEEN

STREET ADDRESS

1092 CHEYENNE DRIVE

CITY - ST - ZIP

ST. AUGUSTINE FL 32086

TITLE

SD

☐ DELETE

NAME

KOLEILAT, NANCY J

STREET ADDRESS

3584 RED CLOUD TRAIL

CITY - ST - ZIP

ST. AUGUSTINE FL 32086

TITLE

TD

☐ DELETE

NAME

KOLEILAT, ANDREA

STREET ADDRESS

1092 CHEYENNE DRIVE

CITY - ST - ZIP

ST. AUGUSTINE FL 32086

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Nancy Koleilat

NANCY Koleilat

4-2-96

904-824-8287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)