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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000016749 (0)

T & S SERVICE, INC.

## FILED May 13 1998 8:00am Secretary of State



1740 CR 210 WEST   JACKSONVILE FL 3229   DO NOT WRITE IN THIS SPACE	Dringing Diago of Pugin-co	Maring Address	···			1819 B1111 18811 81918 1811 1841
ACKSOMMUE FI. 32299  ACKSOMMUE	Principal Place of Business Mailing Address  1740 CP 210 WEST					
2. Principal Place of Business			•			
2. Pincipal Piace of Business   2. Mailing Address   2. Mailing Address   4. FETRimmber   Applied For   59-3304565   Not App			-			
Suite, Apt #, etc.   Suite, Ap			<del></del>		02/27/1995	
Suite, Apt #, etc. 27 27 27 28 28 29 29 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20		<del>-</del>			1 **	<del></del>
City & State    27			<del></del>		59-3304565	
22)	22	27	.,,,,,		5. Certificate of Status Desired	
Zip Country 2/20   20   30   20   20   20   20   20	<u> </u>	<b>⊢</b> ', ' · · · · · · · · · · · · · · · · ·			1	
Section   Personal Property Tax due June 30   Yes   No   9, Name and Address of Current Registered Agent			Count	31	<del></del>	
Name and Address of Current Registered Agent   10, Name and Address of New Registered Agent   1740 CR 210 WEST   1740 CR 210	<b></b> `	<b>⊢</b>	—	y		
KOLEILAT, M. TAREK 1740 CR 210 WEST JACKSONVILE FL 32259  82 Street Address (P.O. Box Number is Not Acceptable)  83	e Name and Address of Curre		1301			
1740 CR 210 WEST JACKSONVILLE FL 32259    Box			8	Name		
JACKSONNULE FL 32259  11. Pursuant to the provisions of Sections 807 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agont, or both, in the State of Frioritist Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere office or registered agont, or both, in the State of Frioritist Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere office or registered agont. I are familiar vitility and accept the others of registered agont agont accept the others of registered agont agont agont are familiar agont			_	2 04	(D.O. D. Namboria Hail America)	
### City ###   ###			0.	Street Add	iress (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Sections 607 05:02 and 607 15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. Jam familiar with and accopt the Obligations of Section 607 05:05, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORIS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORIS  14. OFFICERS AND DIRECTORIS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORIS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORIS IN 12  17. TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORIS IN 12  19. ADDITIONS/CHANGES TO OF	3.13.13.03.13.13.13.13.13.13.13.13.13.13.13.13.13		8	3		
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SIGNATURE   Signature syned or product agent wintered approach agent wintered agent agen			84	City	F	L 85 Zip Code
SIGNATURE   Signature syned or product agent wintered approach agent wintered agent agen	11. Pursuant to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	es, the abo	ve-named corp	poration submits this statement for the purpose	of changing its registered
SIGNATURE   Signature typed or predict agent within it agent about 10 per 12	office or registered agent, or both, in the State agent, I am familiar with, and accept the obli-	le of Florida. Such change was a gations of Section 607 0505. Flo	authorized t orida Statute	by the corpora	ition's board of directors. I hereby accept the a	ppointment as registered
12.	SIGNATURE					
TITLE				gent signature requ		ND DIRECTORS IN 12
NAME KOLEILAT, M. TAREK STRET ADDRESS 584 RED CLOUD TRAIL ST. AUGUSTINE FL 32086  CITY-ST-2P  NAME KOLEILAT, SAADELDEEN STREET ADDRESS CITY-ST-2P  NAME KOLEILAT, SAADELDEEN STREET ADDRESS CITY-ST-2P ST. AUGUSTINE FL 32086  CITY-ST-2P  TITLE SD DELETE ST. AUGUSTINE FL 32086  CITY-ST-2P  TITLE SD DELETE ST. AUGUSTINE FL 32086  CITY-ST-2P  TITLE TD DELETE ATTITLE TD DELETE ASTREET ADDRESS CITY-ST-2P  TITLE TO DELETE ATTITLE TO DELETE ASTREET ADDRESS CITY-ST-2P  TITLE TO DELETE ASTREET ADDRESS ST. AUGUSTINE FL 32086  ACITY-ST-2P  TITLE DELETE ADDRESS CITY-ST-2P  TITLE DELETE ADDRESS CITY-ST-2P  TITLE DELETE ACITY-ST-2P  TITLE DELETE ACITY-ST-2P A					ADDITIONS/CHANGES TO OFFICERS A	
STREET ADDRESS   S84 RED CLOUD TRAIL   13 STREET ADDRESS   14 CITY-ST-ZIP		<u> </u>				
ST. AUGUSTINE FL 32088	FA4 DED 01 010 TD4B					
TITLE	AT ALIANDAME OF ARRA			· · · · · · · · · · · · · · · · · · ·		
1092 CHEYENNE DRIVE   23 STREET ADDRESS   ST. AUGUSTINE FL 32086     DELETE   31 TITLE     Change   Addition		☐ DELETE				Change Addition
1092 CHEYENNE DRIVE	INDIAN AT ALABO BOTH		4			_ , _
ST. AUGUSTINE FL 32086	AAAA ALEWENNE AAAE					
TITLE	OT AUGUSTAN FI ASSOC					
STREET ADDRESS   3584 RED CLOUD TRAIL   33 STREET ADDRESS   ST. AUGUSTINE FL 32086   34. CHY-ST-ZIP   TITLE   DELETE   4.1 TITLE   Change   Addit		☐ DELETE				☐ Change ☐ Addition
ST. AUGUSTINE FL 32086   34. CITY-ST-ZIP	KOLEILAT, NANCY J		3.2 NAME			
TITLE TD DELETE 4.1 TITLE	STREET ADDRESS 3584 RED CLOUD TRAIL		3.3 STREE	T ADDRESS		
NAME   KOLEILAT, ANDREA   1.092 CHEYENNE DRIVE   4.3 STREET ADDRESS   5T. AUGUSTINE FL 32086   4.4 CITY-ST-ZIP   5.1 TITLE	CITY-ST-ZIP ST. AUGUSTINE FL 32086		3.4. CITY	ST-ZIP		
1092 CHEYENNE DRIVE		☐ DELETE	4.1 TITLE			Change Addition
ST. AUGUSTINE FL 32088			4. 2 NAM			
DELETE			4.3 STREE	T ADDRESS		
NAME         52 NAME           STREET ADDRESS         53 STREET ADDRESS           CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         61 TITLE           NAME         6.2 NAME	CITY-ST-ZIP ST. AUGUSTINE FL 32086		4.4 CITY-	ST-ZIP		
STREET ADDRESS         53 STREET ADDRESS           CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         61 TITLE         Change         Addit           NAME         6.2 NAME         6.2 NAME         Change         Addit	TITLE	☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
CITY-ST-ZIP         54 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addit           NAME         6.2 NAME         Change         Addit	NAME		5.2 NAME		•	
TITLE         DELETE         6.1 TITLE         Change         Addit           NAME         6.2 NAME	STREET ADDRESS		53 STREE	T ADDRESS		
NAME 6.2 NAME	CITY-ST-ZIP		5.4 CiTY-	ST-ZIP		
	TITLE	☐ DELETE	6.1 TITLE			Change Addition
STREET ADDRESS 6.3 STREET ADDRESS	NAME		6.2 NAME	1		
	STREET ADDRESS		6.3 STREE	T ADDRESS		
CHY-ST-ZIP 6.4 CHY-ST-ZIP	CITY-ST-ZIP		6.4 CITY -	ST-ZIP	•	

14. Indeedy certify that the information supplied with this hiring does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. Flurther certify that the information indicated on this annual report is 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 chapted, or on an attachment with an address.

SIGNATURE:

Janux ole lot NANCY

4-29-91

904-829-8287