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Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000018293 (7)**

1. Corporation Name
SECKMAN SERVICES, INC.

Principal Place of Business

**1723 ELISE MARIE DRIVE
SEFFNER FL 33584**

Mailing Address

**P.O. BOX 2295
MANGO FL 33550-2295
US**



3. Date Incorporated or Qualified
03/06/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 **1723 ELISE MARIE DR.**

Suite, Apt. #, etc.

22 **---**

City & State

23 **SEFFNER FL**

Zip

24 **33584**

Country

25 **HILLSBOROUGH**

2a. Mailing Address

26 **P.O. Box 2295**

Suite, Apt. #, etc.

27 **---**

City & State

28 **MANGO FL**

Zip

29 **33550-2295**

Country

30 **HILLSBOROUGH**

4. FEI Number
NOT APPLICABLE

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SECKMAN, CHESTER A
1723 ELISE MARIE DRIVE
SEFFNER FL 33584**

10. Name and Address of New Registered Agent

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **SECKMAN, CHESTER A**
STREET ADDRESS **1723 ELISE MARIE DRIVE**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE **STD** ☐ DELETE

NAME **SECKMAN, Greta A**
STREET ADDRESS **1723 ELISE MARIE DRIVE**
CITY-ST-ZIP **SEFFNER FL 33584**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Christina A. Seckman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-96

Date

813-485-6866

Daytime Phone #

CR2E034 (9/96)