

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000024700 (3)

1. Corporation Name

DEPOT OF SERVICE, INC.



Principal Place of Business

Mailing Address

100 LIME ROAD NORTHWEST
LAKE PLACID FL 33852

100 LIME ROAD NORTHWEST
LAKE PLACID FL 33852

3. Date Incorporated or Qualified
03/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 12 So. FOREST AVE.

26 12 So. FOREST AVE.

4. FEI Number
65-0574907

Applied For
Not Applicable

Suite, Apt #, etc

Suite, Apt #, etc

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 ADD PARK, FL

28 ADD PARK, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33825

25 HIGHLANDS

29 33825

30 HIGHLANDS

8. This corporation has liability for intangible tax under s. 190.03?
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

WALTER C. SIDES, JR

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

100 LIME RD, NW

83

84 City

LAKE PLACID

FL

85 Zip Code

33852

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

Walter C. Sides, Jr. WALTER C. SIDES, JR

6/6/96

Signature, typed or printed name of registered agent and corporation

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SIDES, WALTER C JR.
STREET ADDRESS 100 LIME ROAD NORTHWEST
CITY - ST - ZIP LAKE PLACID FL 33852

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE P
1.2 NAME WILLIAM C. SIDES
1.3 STREET ADDRESS 1209 LK. CLAY RD
1.4 CITY - ST - ZIP LAKE PLACID, FL 33852

2.1 TITLE V
2.2 NAME DENNIS SIDES
2.3 STREET ADDRESS 1314 HOLMES RD.
2.4 CITY - ST - ZIP SEBRING FL 33872

3.1 TITLE TS
3.2 NAME WALTER C. SIDES, JR
3.3 STREET ADDRESS 100 LIME RD
3.4 CITY - ST - ZIP LAKE PLACID FL 33852

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 400001883494
6.3 STREET ADDRESS -07/03/96--01061--024
6.4 CITY - ST - ZIP ***225.00

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, 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 617, Florida Statutes, that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Walter C. Sides, Jr. WALTER C. SIDES, JR. 941/453-3447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (3/96)