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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an att



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000037647 (1)

SERVICES VESTATURE DEVELOPMENT CORP.

Principal Place of Business Mailing Address 195 8 WESTMONTE DRIVE 195 S WESTMONTE DRIVE SUITE C SUITE C DO NOT WRITE IN THIS SPACE **ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714** 3. Date Incorporated or Qualified 05/11/1995 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 26 195 S. Westmante 59-3323544 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 24176 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Altamonto Springs FL П 23 28 Trust Fund Contribution Added to Fees Country 30 US A Zip Country Zip 8. This corporation owes or has paid the current year Intangible 32714 X Yes 24 25 29 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MORRIS. ALLEN W 195 S WESTMONTE DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 SUME C 83 **ALTAMONTE SPRINGS FL 32714** 84 City 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, typod or printed name of registered egent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 11 TITLE Change Addition TITLE HOOPER, DWIGHT NAME 1.2 NAME 130 HAMLIN STREET ADDRESS 1.3 STREET ADDRESS **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP 1.4 CHY-ST-ZIP DELETE Change Addition TITLE 21 TITLE HOOPER, CLIFF NAME 2.2 NAME 9800 BEARLAKE RD STREET ADDRESS 2.3 STREET ADDRESS APOPKA FL 32703 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE Morris, allen NAME 3.2 NAME <u>1041 WINDSO</u>NG CIR 3.3 STREET ADDRESS 3.4. CITY - ST - 7/P DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST - 21P CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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 appeal 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 receipt for trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an alternative field for the corporation of the corporat 407-862-1/2/ (00

FILED

Feb 02 1998 8:00am

Secretary of State