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

PROFIT CORPORATION

CITY ST-ZIP



FLORIDA DEPARTMENT OF STATE

	JAL REPORT (		Sandra B. M Secretary of DIVISION OF COL	of State			
DOCU 1. Corporation	MENT # P9	5000092	374 (4)				
SOLID	SERVICE INDUSTRI	ES, INC.				<b>!!</b> !! <b>!!!!</b> !!!! !!!!!	
Principal Place	e of Business	Mailing	Address	· · · · · · · · · · · · · · · · · · ·		DOME COME COME COME	i IDAN BINI IDAN
	1196 E. FOWLER DRIVE DELTONA FL 32725 1196 E. FOWLER DRIV DELTONA FL 32725						
					<ol> <li>Date Incorporated or Qualified</li> <li>12/04/1995</li> </ol>	3a. Date of Last I	Report :
	ace of Business	<b>├</b> ─¬	ling Address		4. FEI Number		Applied For
21 1196 Suite, Apt.	E. Fowler D		O. BOX 58	96	59-3348179		Not Applicable
22		27			5. Certificate of Status Desired	Fee Fee	5 Additional Required
City & State	ona , Fl.	<u>├</u>	& State	. •	6. Election Campaign Financing Trust Fund Contribution		O May Be ed to Fees
	- Country	Zip	2728-589 <b>6</b> <sub>30</sub>	Country Volusia	This corporation has liability for Florida Statutes		199.032,
T. 14	9. Name and Address	11	1	·1	10. Name and Address of New F		
				81 Name M	r. Stacy Eckert / Atto	Server At Tara	
	FREDERICK R JR.			82 Street Add	dress (P.O. Box Number is Not Acceptate	nle)	
	FOWLER DRIVE			83	752 Enterprise Rd., s	uite A	
DELION	IA FL 32725				nge City, Fl. 32763		
				84 City		FL 85 2	ip Code 2763
11. Pursuant	to the provinions of Sections	607.0502 and 607.150	08, Florida Statutes, th	ne above-named corp	RANGE CITY, pration submits this statement for the purard of directors. I hereby accept the app	roose of changing its	registered office
or register familiar wi	red agent, or John, in the Sta ith, and address the obligation	te of Morida. Such cha sof Aectio <del>n 507.</del> 0505	nge was authorized b , Florida Statutes	y the corporation's bo			dagent. Lam
SIGNATURE	XVIn a			PKONT	2/16,	196	
12.		Mereo agent and title if applica CERS AND DIRECTOR		gistered Agunt signature requi	red when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	ODD INLAG
TIILE	PST	SENS AND DIRECTOR	DELETE	1. 1 TITLE	ADDITIONS/OFFARIGES TO OFF	Change	ORS IN 12 Addition
NAMI	BODAH, FREDERICK	R JR.	_	1.2 NAME			
STREET ADORESS	1196 E. FOWLER DR	IVE .		1.3 STREET ADDRESS			
CHY ST-ZIP	DELTONA FL 32725			1.4 CITY-ST-ZIP			
THLE	V DANGE LAWRENCE		☐ DELETE	2 1 TITLE		Change	Addition
NAMI	RAIMO, LAWRENCE	_		2 2 NAME			
STREET ADDRESS	731 NARDELLO DRIV	E		2 3 STREET ADDRESS			
CHY_ST-20E_ THUE	DELTONA FL 32725		DELETE	24 CITY-ST-ZIP 3 1 TITLE		☐ Change	Addition
NAMI			Dotter	32 NAME		CT cuantie	
STREET ADDRESS				33 STREET ADDRESS			
CITY ST-ZIF				34 CITY-ST-ZIP			
111.E			DELETE	4 1 TITLE		☐ Change	☐ Addition
NAMi				4.2 NAME			
STEEL LADORESS				4.3 STREET ADDRESS			
CITY ST ZIP			F3 OF LETS	4 4 CITY - ST - ZIP			
1ITUF			DELETE	5 1 TITLE		☐ Change	☐ Addition
NAME CAUL L'AUDROCCE				52 NAME			
STREET ADDRESS CPY-\$1-ZP				53 STREET ADDRESS			
TRUE			DELETE	54 CITY-ST-ZIP 6 1 TITLE		☐ Change	☐ Addition
NAMI				62 NAME			
STHELL ADDRESS				63 STREET ADDRESS			

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 cath; that I am an officer or director of the corporation or the receiver or trustee enipowered 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.

64 CITY - ST - ZIP

POR JREDERICK R. BODAH JR. 2/6/96

CER OR DIRECTOR SIGNATURE: