

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jun 17 1997 8:00am
Secretary of State

DOCUMENT # 996000031787

Corporation Name
Elliott Services Corporation
6257 107th Avenue North
Pinellas Park, FL 33782-2543

Principal Place of Business
6257 107th Ave N.
Pinellas Park, FL 33782

Mailing Address
6257 107th Ave N.
Pinellas Park, FL 33782-2543

3. Date Incorporated or Quoted 4-5-96		5a. Date of Last Report	
4. FFI Number 59-3376490		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Florida Franchise Fee \$5.00 May Be Added to Fees			
8. This corporation has authority for changing tax under s. 199.032 Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

Timothy S. Elliott
6257 107th Avenue North
Pinellas Park, FL 33782-2543

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

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: *Timothy S. Elliott* 4-29-97

OFFICERS AND DIRECTORS		13.	
1. NAME Timothy S. Elliott 6257 107th Ave N. Pinellas Park, FL 33782-2543	☐ DELETE	11. TITLE President	☐ Change ☐ Addition
2. NAME	☐ DELETE	12. NAME	
3. NAME	☐ DELETE	13. STREET ADDRESS	
4. NAME	☐ DELETE	14. CITY - ST - ZIP	
5. NAME	☐ DELETE	21. TITLE	☐ Change ☐ Addition
6. NAME	☐ DELETE	22. NAME	
7. NAME	☐ DELETE	23. STREET ADDRESS	
8. NAME	☐ DELETE	24. CITY - ST - ZIP	
9. NAME	☐ DELETE	31. TITLE	☐ Change ☐ Addition
10. NAME	☐ DELETE	32. NAME	
11. NAME	☐ DELETE	33. STREET ADDRESS	
12. NAME	☐ DELETE	34. CITY - ST - ZIP	
13. NAME	☐ DELETE	41. TITLE	☐ Change ☐ Addition
14. NAME	☐ DELETE	42. NAME	
15. NAME	☐ DELETE	43. STREET ADDRESS	
16. NAME	☐ DELETE	44. CITY - ST - ZIP	
17. NAME	☐ DELETE	51. TITLE	☐ Change ☐ Addition
18. NAME	☐ DELETE	52. NAME	
19. NAME	☐ DELETE	53. STREET ADDRESS	
20. NAME	☐ DELETE	54. CITY - ST - ZIP	
21. NAME	☐ DELETE	61. TITLE	☐ Change ☐ Addition
22. NAME	☐ DELETE	62. NAME	
23. NAME	☐ DELETE	63. STREET ADDRESS	
24. NAME	☐ DELETE	64. CITY - ST - ZIP	

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. Further, I certify that the information indicated on this annual report or supplemental or annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, and I am an officer or director of the corporation or the receiver or assignee thereof. I am authorized 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 in an attachment.

SIGNATURE: *Timothy S. Elliott* 4-29-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: *President*