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FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90043 043 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000041859

1. Corporation Name
C.L.S. SERVICES, INC.

Principal Place of Business
**6674 CATALPA DR
NEW PORT RICHEY FL 34655**

Mailing Address
**6674 CATALPA DR
NEW PORT RICHEY FL 34655**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1996

4. FEI Number

59-3376945

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **PO BOX 412**

26 **PO BOX 412**

22 Suite, Apt. #, etc. **579 3rd Ave**

27 Suite, Apt. #, etc. **579 3rd Ave**

23 City & State **Wilaka Putnam**

28 City & State **Wilaka Fl**

24 Zip **32193** 25 Country **Putnam**

29 Zip **32193** 30 Country **Putnam**

9. Name and Address of Current Registered Agent

**SWARTZ, CLINTON C
6674 CATALPA DR
NEW PORT RICHEY FL 34655**

10. Name and Address of New Registered Agent

81 Name **SWARTZ CLINTON C.**
82 Street Address (P.O. Box Number is Not Acceptable)
579 3rd Ave.
83 **PO Box 579**
84 City **Wilaka** FL 85 Zip Code **32193**

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 **DP** ☐ DELETE
NAME **SWARTZ, CLINTON C**
STREET ADDRESS **6674 CATALPA DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **DVST** ☐ DELETE
NAME **SWARTZ, JOYCE L**
STREET ADDRESS **6674 CATALPA DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

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 **Same** ☒ Change ☐ Addition
1.2 NAME **Same**
1.3 STREET ADDRESS **579 3rd Ave PO Box 412**
1.4 CITY-ST-ZIP **Wilaka Fl 32193**

2.1 TITLE **Same** ☒ Change ☐ Addition
2.2 NAME **Same**
2.3 STREET ADDRESS **579 3rd Ave PO Box 412**
2.4 CITY-ST-ZIP **Wilaka Fl 32193**

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 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, with all other like empowered.

SIGNATURE:

Clinton C Swartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-99 9044672163

CR2E034 (11/98)

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