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

PROFIT CORPORATION . **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 14 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000051311 (4)

	ESIDUAL SERVICES,	INC.	,		•				
Principal Place AOUTE 3, BOX FORT WHITE F	1110	ROUTE	Mailing Address ROUTE 3. BOX 1110 FORT WHITE FL 32038-9674				1 19911981 (19 19119 83111 83111 83111 83111 83111	01181 11 006 (11 0 1 11 0 0	1 1 6 F 1 1 1 1
							06/10/1996	. Date of Last R	eport
	lace of Business	2a. Mail	2a. Mailing Address				4. FEI Number	An	plied for
21		26				<u> </u>	59-3397124		t Applicable
Suite, Apt.	#, etc.	}	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	
City & State		27	City & State					Fee Re	·
23	o .		28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	
23)	Country	7 _(p)		Cour	ntrv		8. This corporation has liability for intang		
Z4)	25	29		30	,			No No	199.032,
	9. Name and Address of Current Registered Agent						10. Name and Address of New Register		
¥→ HAC	HT, NANCY				B1 N	ame			
* ROUTE 3, BOX 1110					B2 S1	root Addr	ess (P.O. Box Number is Not Acceptable)		
FOR	T WHITE FL 32038			(reer Addire	ess (F.O. Flox Nulliper is Not Acceptable)		ļ
				-	83				
					B4 C			85 Zip (Codo
					1	•	F	•L `	
11. Pursuant	to the provisions of Sections 6	607.0502 and 607.15	08, Florida Statut	es, the ab	ove-na	med corp	oration submits this statement for the purpos on's board of directors. I hereby accept the	e of changing it	s registered
agent. I a	m familiar with, and accept th	e obligations of, Sec	tion 607.0505, Fl	aumonzed prida Statu	ites.	corporati	on's board or directors. Thereby accept the	appointment as	registorea
SIGNATURE									-
	Signature typed or printed name of regi-				Agent sig	pature require	sd when reinspong) DA:		
12.	OFFICE	RS AND DIRECTOR	S DEIDE	13.			ADDITIONS/CHANGES 10 OFFICERS		
TITLE	NACHT, STEPHEN	Hacht			1.1 TIPE! 1.2 NAME			[_] Change	Addition 3
NAME Street address	ROUTE 3, BOX 1110	71457				w. CO			
1	FORT WHITE FL 32038			4	ICCIA 1333				1
CITY-ST-ZIP TITLE	10		DELETE	2.1 TITL	Y-ST-ZIF	<u></u>		Change	Addition
NAME	MACHI, NANCY	Hacht		22 NAI				C Ona igo	
STREET ADDRESS	ROUTE 3, BOX 1110				vil IEEE ADDI	0:55			
CITY-ST-ZIP	FORT WHITE FL 32038			· ·	Y - ST - 71		·		
TITLE	D		DELFTE	3.1 TH		·		Change	Addition
NAME	"NACHT, RICK	Hackt		3.2 NA				Ť	J
STREET ADDRESS	ROUTE 3, BOX 1110			3.3 S1F	EET ADDI	RESS			l
CITY-ST-ZIP	FORT WHITE FL 32038			3.4 CH	Y - ST - 71	P			
TITLE			DELFTE	4.1 1111				☐ Change	Addition
NAME				4.2 NA	ME)			
STREET ADDRESS				4.3 STF	REET ADD	RESS			
CITY-ST-ZIP		·		44 011	Y - ST - 71F	·			
TITLE			DELETE	5.1.1BLE				Change	Add:tion
NAME				5.2 NA	M Ε				
STREET ADDRESS				5.3 STF	REEL ADD	RESS			
CITY-ST-ZIP				5.4 CI1	5.4 CITY - ST - ZIP				
TITLE			DELETE	6.1 117	.E	ļ		☐ Change	☐ Addition
NAME				6.2 NAI	ME				
STREET ADDRESS				6.3 S1f	REET ADD	RESS			
CITY-ST-ZIP				6.4 CII	Y - \$1 - 7(f	<u></u>			

I do 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.