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FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000057997 (4)

1. Corporation Name

PROSCAPE SERVICES, INC.



Principal Place of Business

2569 CONGAREE DRIVE W  
JACKSONVILLE FL 32211

Mailing Address

2569 CONGAREE DRIVE W  
JACKSONVILLE FL 32211-4311

2. Principal Place of Business

21 2569 Congaree Dr W.  
Suite, Apt. #, etc.

2a. Mailing Address

26 2569 Congaree Dr. W.  
Suite, Apt. #, etc.

City & State

23 Jax, FL

City & State

28 Jax, FL

Zip

24 32211

Country

25 USA

Zip

29 32211

Country

30 USA

9. Name and Address of Current Registered Agent

ALLEN, WILLIAM S  
2569 CONGAREE DRIVE W  
JACKSONVILLE FL 32211

3. Date Incorporated or Qualified

07/08/1996

3a. Date of Last Report

N/A

4. FEI Number

59-3389609

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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, typed or printed name of registered agent and title if applicable

William S. Allen

4-14-97

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D/P/T  
NAME William S. Allen  
STREET ADDRESS 2569 Congaree Dr. W.  
CITY-ST-ZIP Jax, FL 32211-4311

☐ DELETE

TITLE D/P/T  
NAME Scott L. Allen  
STREET ADDRESS 2569 Congaree Dr. W.  
CITY-ST-ZIP Jax, FL 32211-4311

☐ DELETE

TITLE D/S  
NAME Eric C. Allen  
STREET ADDRESS 2569 Congaree Dr. W.  
CITY-ST-ZIP Jax, FL 32211-4311

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable  
William S. Allen 4-14-97 (904) 945-2700

CR2E034 (9/96)