

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P960000851261**

1. Corporation Name

SERVICE ALLIANCE, INC.

Principal Place of Business

**325 W ADAMS ST
STE 302
JACKSONVILLE FL 32202
US**

Mailing Address

~~**5009 SUNBEAM RD
JACKSONVILLE FL 32257
US**~~

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90006 049 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1996

4. FEI Number

59-3407732

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

325 W. ADAMS ST.

27

Suite, Apt. #, etc.

28

City & State

29

Zip

Country

30

32202

USA

9. Name and Address of Current Registered Agent

**HOLBROOK, H. LEON III
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPT** ☒ DELETE

NAME **PIKE, JOEL R**

STREET ADDRESS **509 SIGSBEE RD**

CITY-ST-ZIP **ORANGE PARK FL**

TITLE **PS** ☐ DELETE

NAME **HOFFMAN, MARK R**

STREET ADDRESS **12314 BRADY MANOR WAY**

CITY-ST-ZIP **JACKSONVILLE FL**

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 ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99

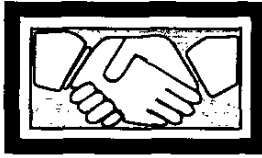
(904) 358-1020

Date Daytime Phone #

CR2E034 (5/99)

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P96000085/26
582963-90006-49



S E R V I C E
A L L I A N C E

July 1, 1999

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam,

I spoke with one of your representatives today, Ms. Debbie Gilliard, who advised me to send this letter stating that the mailing address for the Annual Report packet is in error. Somehow our old address is still being shown and mailed to by your offices. She advised me to make any changes and highlight them so they will be sure to be corrected. Please note that Joel Pike is no longer with the company and has not been an officer or director since 10/98. I appreciate your help in getting the correct information into the system so we can receive our packets in a timely fashion. Thank you for your assistance.

Sincerely,

Mark Hoffman
President

Cc: Brooks & Company, CPA

"Total Property Maintenance"

325 W. Adams Street, Suite 302 • Jacksonville, Florida 32202 • (904) 358-1020 • Fax (904) 358-0517