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

CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B: Morthåfn 📑

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700006902 (5)

FIRST CHOICE SERVICE'S, INC.

CARPENTER, JOHNNY F 4924 HARP ST

JACKSONVILLE FL 32258

Principal Place of Business Mailing Address 4924 HARP ST 4924 HARP ST JACKSONVILLE FL 32258 JACKSONVILLE FL 32258 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/23/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Sulte, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State Crty & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zıp Country 8. This corporation owes or has paid the current year Intangible X Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

City Zip Code 85 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

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83 84 Street Address (P.O. Box Number is Not Acceptable)

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, lyped or printed name of registerud agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President DELETE	1.1 TITLE	Change Addition
NAME	Johann F. Carpon Ar	1.2 NAME	
STREET ADDRESS	4924 Hore St	1.3 STREET ADDRESS	
CITY-ST-ZIP	Johnny F. Carpenter 4924 Hors 57. 32258	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY_57_7ID		SACITY ST. 7IP	

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.

FILED

Apr 20 1998 8:00am

Secretary of State

Applied For Not Applicable