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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000083539

1. Corporation Name

THE FLORIDA SERVICES GROUP, INC.

## **FILED** Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90124 010 \*\*\*150.00

|--|--|

Principal Place	e of Business	Mailing Address					
13818 S.E. 53RI	D TERR.	. 13818 S.E. 53RD TERR.				,	
SUMMERFIELD FL 34491 SUMMERFIELD FL 34491							
ļ						DO NOT WRITE IN THIS SPACE	
1		•				3. Date Incorporated or Qualifed	
]						09/26/1997	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For	
21 ·		26	_			<b>59-3472374</b> Not Applicat	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_:			5=Certificate of Status; Desired \$8.75 Additional	L
22		27				Fee Required	
City & State				6. Election Campaign Financing \$5.00 May Be	Ì		
23		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax. ☐ Yes 😡 No	
	9. Name and Address of Currer	nt Registered Agent		1		10. Name and Address of New Registered Agent	
				81	Name		
PATI	TILLO, PATRICK L			82	Chun at Astrina	ess (P.O. Box Number is Not Acceptable)	
1381	18 S.E. 53RD TERR.			02	Street Addre	iss (P.O. Box Number is Nut Acceptable)	ļ
SUM	IMERFIELD FL 34491			83			
1		•					
				84	City	FL 85 Zip Code	
11 Pursuant	to the provisions of Sections 607.050	2 and 607,1508. Florida Statu	ites, the a	bove-	-named corpo	pration submits this statement for the purpose of changing its registere	d
office or n	egistered agent, or both, in the State	of Florida. Such change was	authorized	d by th	he corporation	oration submits this statement for the purpose of changing its registeren's board of directors. I hereby accept the appointment as registered	
agent. I ai	m familiar with, and accept the obliga	ations of Section July .0505, Fi	onda Stati	utes.		11.30 01/10/199	
SIGNATURE	Signature, typed or printed name of registered age	Z WWW V C	E: Panietoral	1 Ament	signature required	void 4119 97	1.
12.		ND DIRECTORS	13.	, r.go.ii	ogradate requires	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
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14. Thereby certify that the information supplied with this filling 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: