

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

FILED
Oct 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P97000096630 (3)**

1. Corporation Name

TEMPCOM SERVICES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1997

4. FEI Number

59-3498085

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. **3617 CROWN PT. RD.**

22. City & State

27. **SUITE #7**
28. **JACKSONVILLE, FL**

23. Zip Country

29. **32257** 30. **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BOWLING, MICHAEL EGG~~
~~10110 SAN JOSE BLVD~~
~~JACKSONVILLE FL 32257~~

81. **MEREDITH ALLEN HERNANDEZ**
82. Street Address (P.O. Box Number is Not Acceptable)
3617 CROWN POINT RD.
83. **SUITE #7**
84. City **JACKSONVILLE, FL** 85. Zip Code **32257**

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 provisions of Section 607.05, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

4/7/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **ERVIN, KRIS**
STREET ADDRESS ~~408 WEST MONROE STREET~~
CITY-ST-ZIP ~~JACKSONVILLE FL 32259~~

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **3617 CROWN PT. RD. #7**
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE ☐ DELETE
NAME **SLININ, RICHARD**
STREET ADDRESS ~~408 WEST MONROE STREET~~
CITY-ST-ZIP ~~JACKSONVILLE FL 32259~~

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **3617 CROWN PT. RD. #7**
2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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, on an attachment with an address.

CR2E034 (10/97)