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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE .

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90019 034 \*\*\*150.00

<ol> <li>Corporation</li> </ol>	MENT # P97000  NAME SERVICE VEHICLES, IN	NC.							
Principal Place	e of Business	Mailing Address							
1360 S. C.R. 427 1360 S. C.R. 427									
LONGWOOD FL 32750 LONGWOOD FL 32750						DO NOT WRIT	E IN THIS	SPACE	
7		1	1			3. Date Incorporated or Qualifed 01/01/1998			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	20.4	App	lied For-
21		26				57-34	<u> 70 / 9</u>		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 Ac	
22		27							
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to	
23 Zin	Country	28	Cou	ntry		8. This corporation owes the curre	ent vear Ints		71003
Zip	25 Country	29	30			Personal Property Tax.	on year me		⊠No
24	9. Name and Address of Curren		1901	_		10. Name and Address of New R	egistered /	Agent	
	at Halling area reactings of annual			81	Name				
	NAGAN, SCOTT			82	Ctroot Ad	Idress (P.O. Box Number is Not Accepta	hle)	<del></del>	
1360 S. C.R. 427				04	Street Ad	dress (F.O. Box Number is Not Accepte	Diej		
LON	GWOOD FL 32750			83					
				84	Cibi	<del></del>		85 Zip C	ode
					City		FL		
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Florida	authorized orida Stat	d by t utes.	ine corpora	rporation submits this statement for the tion's board of directors. I hereby accep	ot tri <del>e</del> appoir	tment as reg	istered
	Signature, typed or printed name of registered ager		E: Registered	Agent	t signature requ	ired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECTOR	RS IN 12
12.	OFFICERS AN	ND DIRECTORS  ☐ DELETE	13. 1.1 Π	n e		ADDITIONS/GITANGES TO GIT	TOLINO AIT	Change	Addition
TITLE	FLANAGAN, SCOTT		12 N			<del></del>			7
NAME STREET ADDRESS	1360 S. C.R. 427				ADDRESS				
CITY-ST-ZIP	LONGWOOD FL 32750			TY-ST		•			
TITLE		☐ DELETE	2.1 TI					Change	☐ Addition
NAME			2.2 N	AME			•		
STREET ADDRESS			2.3 S	TREET	ADDRESS				
CITY-ST-ZIP			2.40	ITY-SI	T-ZIP				
TITLE	☐ DELETE 3.1 T		TLE				Change	☐ Addition	
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP			3.4. 0	ITY-S	T-ZIP				- 14°C - 1
TITLE		☐ DELETE	4.1 TI	TLE				Change	Addition
NAME			4.21	IAME					
STREET ADDRESS			•		ADDRESS				Ì
CITY-ST-ZIP			_	TY-ST	-ZIP			☐ Change	Addition
TITLE		DELETE	5.1 TI						- Madagai
NAME			5.2 N		ADDRESS				
STREET ADDRESS				TY-ST					}
CITY-ST-ZIP		DELETE	6.1 Ti		The			Change	Addition
TITLE	)		6.2 N		j				_
NAME STREET ADDRÉSS			. 4		ADDRESS		-		
O CITAL I PUDDATION					1				1

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 suppliemental 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: