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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P97000109181**1. Corporation Name

FIRTH CLASS SERVICES, INC.

Principal Place of Business	Mailing Address		
2407 N.W. 15TH PLACE	2407 N.W. 15TH PLACE		
GAINESVILLE FL 32605	GAINESVILLE FL 32605		

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

03-06-1999 90039 043 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					01/01/1998			
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	Applied	d For	
21		26			59-3483373	Not Ap	plicable	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			<u> </u>	\$8.75 Addit	tional	
22		27			5. Certifcate of Status Desired	-Fee Require	.eq	
City & Sta	nte	City & State			6. Election Campaign Financing	\$5.00 May	у Ве	
23		28			Trust Fund Contribution	Added to Fe	ees	
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intan	gible		
24	25	29	30		_ · · · · · · · · · · · · · · · · · · ·	ŽYes □N	No	
24	9. Name and Address of Current		18.51		10. Name and Address of New Registered Ag	jent		
				81 Name				
FIR	TH, PAUL B		-					
2407 N.W. 15TH PLACE			'	82 Street Address (P.O. Box Number is Not Acceptable)				
	NESVILLE FL 32605		<u> </u>	83				
Car (ii	TEOTICE I E DEDOG		[•			
			1	84 City	F	85 Zip Code	e ·	
					<u> </u>	<u> </u>	· · ·	
office or	it to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was	s authorized	DV the corb	d corporation submits this statement for the purpose of chooration's board of directors. I hereby accept the appoint	anging its registe	ered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (A)	TE: Panistered A	gent signature	required when reinstating) DATE			
12.	OFFICERS ANI	``	13.	gon agnative	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	IN 12	
	P	D DELETE	1.1 TITL	£			Addition	
TITLE	Paul B. Firth		1.2 NAA					
NAME	1		1	-				
STREET ADDRESS	a '			EET ADDRESS				
CITY-ST-ZIP	Gainesville, FL	<u> 32605</u>		r-ST-ZIP			Addition	
TITLE	T .	☐ DELETE	2.1 TITL	E		Change	Addition A	
NAME	Gave B. Firth		2.2 NAA	ŘΕ				
STREET ADDRESS	Sayo B. Firth	L	2.3 STR	EET ADDRESS				
CITY-ST-ZIP	Gainesville, FL	32605	2 4 CIT	Y-ST-ZIP				
TITLE		☐ DELETE	3.1 TITL	.E		Change [Addition Addition	
NAME			3.2 NAA	đΕ	·			
STREET ADDRESS	e e		33 STR	EET ADDRESS				
	~			Y-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	4.1 TITL			Change	Addition	
TITLE			4.2 NA			_ , -	-	
NAME	j							
STREET ADDRESS	s			EET ADDRESS				
CITY-ST-ZIP		□ pr:		Y-ST-ZIP		☐ Change [Addition	
TITLE		☐ DELETE	5.1 TITL					
NAME			5.2 NAM					
STREET ADDRES	s		5.3 STF	REET ADDRESS	8			
				Y-ST-ZIP				
CITY-ST-ZIP			6.1 TITL	F		☐ Change [Addition Addition	
TITLE		☐ DELETE	0,11111	_				
		☐ DELETE	6.2 NAM					
TITLE NAME	.5	☐ DELETE	6.2 NAM					
TITLE	s	☐ DELETE	6.2 NAA 6.3 STF	ΛE	6			

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 adaptment with an address, with all other like empowered.