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Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90061 031 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000056516

1. Corporation Name  
ACM SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
~~2198 MAIN STREET~~  
SARASOTA FL 34237  
237 JOEL BLVD.  
LEHIGH ACRES, FL 33972

Mailing Address  
~~2198 MAIN STREET~~  
SARASOTA FL 34237  
P.O. Box 1466  
LEHIGH ACRES, FL 33970

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
Country  
24  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
Country  
29  
30

3. Date Incorporated or Qualified  
06/24/1998  
4. FEJ Number  
65-0862971  
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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JAENSCH, P. CHRISTOPHER  
2198 MAIN STREET  
SARASOTA FL 34237

no longer Reg. Agent.

10. Name and Address of New Registered Agent

81 Name  
ROBERT D. ROYSTON JR.  
COSTELLO, SIMS & ROYSTON  
82 Street Address (P.O. Box Number is Not Acceptable)  
ATTORNEYS AT LAW  
83  
12670 NEW BRITTANY BLVD, SUITE 101  
84 City  
FORT MYERS  
FL 85 Zip Code  
33907

11. Pursuant to the provisions of Sections 607.0607 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 607.0505, Florida Statutes.

SIGNATURE ROBERT D. ROYSTON JR. DATE 4/9/99  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marion Kraus SIGNATURE REQUIRED  
04-12-99 (941)-368-132

CR2E034 (11/98)