	PROFIT RPORATION JAL REPORT 1999	FLORIDA DEP Kathe Secre	FLORIDA DEPARTMENT Katherine Harr Secretary of State DIVISION OF CORPOR			FILE Mar 04, 199 Secretary (03-04-1999 90180 0	9 8:0 of Sta	te
	MENT # P980	00057849	•				10 100.	
i, corporadoi	ILDING SERVICES, INC							
	ILDING SERVICES, INC.	· ·				: • • • • • • • • • • • • • • • • • • •		ATATA KAN JAN
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Principal Place	e of Business	Mailing Address					81 81111 18881 18 111	
15117 N. 24TH ST. 15117 N. 24TH ST. LUTZ FL 33549 LUTZ FL 33549							x	
	,					DO NOT WRITE IN TH	IS SPACE	
						3. Date incorporated or Qualifed 06/26/1998		
Principal P	Place of Business	2a, Mailing Address				4. FEI Number	Ar	plied For
	26					65-0844863		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		. .		5. Certifcate of Status Desired	\$8.75 / Fee Re	
City & State	le	27 City & State	•			6. Election Campaign Financing	\$5.00	
		28				Trust Fund Contribution		to Fees
Zip	Country	Zip		untry		 This corporation owes the current year I Personal Property Tax. 		v v No
	25 9. Name and Address of Ci	29 urrent Registered Agent	30	1		10. Name and Address of New Registere		······
			·	81 Name				
	ANCIAL FOUNDATION, INC. 3 THAXTON DR., #37					<u>Donna S. Thomas</u> ss (P.O. Box Number is Not Acceptable)		
	M HARBOR FL 34684			83	511	7 N. 24th St		
• •	,							
	• • •			84 City	ut	z F	L 85 Zip	^{Code} 3549
1. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida Stat State of Florida, Such change was	tutes, the a	above-named	corpor	ration submits this statement for the purpose i's board of directors. I hereby accept the app	of changing its pointment as re	registered
agent. I a	im familiar with, and accept the c	bligations of, Section 607,0505, F	Iorida Sta	tutes.		21.	100	•
GNATURE	Signature, typed or printed name of register	red agent and title if applicable. (NC	TE: Registere	d Agent signature r	equired v	when reinstating)	2/77	·
2.		S AND DIRECTORS	13.		_	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TLE				ITLE	T	ana C Mhomag		XX Addition
AME	ELLERBEE, MARK A		1.2 P	IAME				MA
THEFT ADDRESS	15117 N 24TH ST		135	TREET ADDRESS		nna S. Thomas 10 W. Culbreath Aven		A-A
•				STREET ADDRESS	42	10 W. Culbreath Aven		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
ITY-ST-ZIP	LUTZ FL 33549		1.4 C		42			
ity-st-zip Tle Ame	LUTZ FL 33549		1.4 C 2.1 T 2.2 N	CITY-ST-ZIP TTLE VAME	42	10 W. Culbreath Aven	ue	
TY-ST-ZIP TLE AME TREET ADDRESS	LUTZ FL 33549		1.4 C 2.1 T 2.2 N 2.3 S	CITY-ST-ZIP TTLE VAME STREET ADDRESS	42	10 W. Culbreath Aven	ue	
TY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP	LUTZ FL 33549		1.4 C 2.1 T 2.2 N 2.3 S 2.4	CITY-ST-ZIP TTLE VAME	42	10 W. Culbreath Aven	ue	Addition
TY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP	LUTZ FL 33549	·····	1,4 C 2,1 T 2,2 N 2,3 S 	CITY-ST-ZIP TTLE IAME STREET ADDRESS CITY-ST-ZIP	42	10 W. Culbreath Aven	ue Change	Addition
TY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP	LUTZ FL 33549	·····	14 C 2.1 T 2.2 N 2.3 S 2.4 3.1 T 3.2 N 3.3 S	XTY-ST-ZIP TTLE AAME STREET ADDRESS CITY-ST-ZIP TTLE AAME STREET ADDRESS	42	10 W. Culbreath Aven	ue Change	Addition
TY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP	LUTZ FL 33549	DELETE	14 C 2.1 T 22 N 23 S 2.4 J 3.1 T 3.2 N 3.3 S 3.4 J	XTY-ST-ZIP TTLE IAME STREET ADDRESS CITY-ST-ZIP ITTLE IAME STREET ADDRESS CITY-ST-ZIP	42	10 W. Culbreath Aven	ue Change	Addition
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TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE I	LUTZ FL 33549	DELETE	14 C 24 T 22 N 23 S 2 4 3 11 3 2 N 3 3 3 4 4 11 4 21 4 3 5 4 4 C 5 11 5 2 N 5 3 S 5 4 C 6 11 6 2 N 6 3 S	XTY-ST-ZIP TTLE VAME STREET ADDRESS CITY-ST-ZIP TTLE VAME STREET ADDRESS CITY-ST-ZIP TTLE STREET ADDRESS STRY-ST-ZIP TTLE VAME STREET ADDRESS CITY-ST-ZIP TTLE	42	10 W. Culbreath Aven	UE Change Change	Addition

SIGNATURE:	Mark	THE OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR
	EIGNATURE	AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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2/10/99 813/971-4885 Date Dayline Phone #