**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000086233

Corporation Name

TOTAL SERVICE & TRADE CORPORATION

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90047 002 \*\*\*150.00

Principal Place	e of Business	Mailing Address			
2721 ORCHID L		2721 ORCHID LANE			
KISSIMMEE FL 34744-3015 KISSIMMEE FL 34744-3015					DO NOT MIDITE IN THIS SOACE
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 10/06/1998
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-3535792 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired  \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	itry	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax. Yes No
	9. Name and Address of Curre	ent Registered Agent		041 41	10. Name and Address of New Registered Agent
CIAIA	ANCIAL FOUNDATIONS, INC.			81 Name	
	S THAXTON DRIVE #37		j	82 Stree	t Address (P.O. Box Number is Not Acceptable)
			[		
PAU	M HARBOR FL 34684			83	
			}	84 City	85 Zip Code
				City	FL   S   E   S   S   S   S   S   S   S   S
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites_the.ab	ove-name	1 comporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was lations of Section 607 0505. Fl	authorized Iorida Statu	by the cor tes.	poration's board of directors. I hereby accept the appointment as registered
} ~	· · · · · · · · · · · · · · · · · · ·	audito of, obstati out toboo, the			
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOT	TE: Registered /	Agent signature	required when reinstating) DATE
12.	OFFICERS A	NO DIDECTORS	13.		
TITLE		IND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE \	D	DELETE	1.1 707	.E	
NAME	D FORTIN, PAUL E SR.				P M Change ☐ Addition
	-		1.1 TITI 1.2 NA		P Change Addition FORTIN, PAUL E. SR
NAME STREET ADDRESS	FORTIN, PAUL E SR. 2721 ORCHID LANE		1.1 TITI 1.2 NA/ 1.3 STF	ME REET ADDRESS	P Change Addition FORTIN, PRUL E. SR 2721 ORCHID LN
NAME	FORTIN, PAUL E SR.		1.1 TITI 1.2 NA/ 1.3 STF	ME REET ADDRESS Y-ST-ZIP	P
NAME STREET ADORESS CITY-ST-ZIP TITLE	FORTIN, PAUL E SR. 2721 ORCHID LANE	. DELETE	1.1 TITI 1.2 NA/ 1.3 STP 1.4 CIT	NE REET ADDRESS Y-ST-ZIP LE	P
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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: