

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90027 010 ***550.00

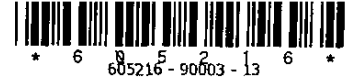
DOCUMENT # P98000087125

1. Corporation Name

Family Owned Service Company, Inc.

Principal Place of Business

Mailing Address

1190 South Broad Street
Brooksville, FL 346011190 South Broad Street
Brooksville, FL 34601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10-9-1998

4. FEI Number

59-3543984

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.☐ Yes☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

P. O. Box 566

22

City & State

27

City & State
Brooksville FL

23

Zip Country

28

Zip Country
34605-0566 FL

24

Country

29

34605-0566

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

David C. Sasser
29 South Brooksville Avenue
Brooksville, FL 3460181 Name
Darryl W. Johnston82 Street Address (P.O. Box Number is Not Acceptable)
29 South Brooksville Avenue

83

84 City
Brooksville FL 85 Zip Code
34601

11. Pursuant to the provisions of Sections 607.0502 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 obligations of, Section 607.0605, Florida Statutes.

SIGNATURE Darryl W. Johnston

July 8, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETENAME
Brewer, Barry K.
STREET ADDRESS
1190 S. Broad Street
CITY-ST-ZIP
Brooksville, FL 34601TITLE D ☐ DELETENAME
Flood, John
STREET ADDRESS
1190 S. Broad Street
CITY-ST-ZIP
Brooksville, FL 34601TITLE D ☐ DELETENAME
Rolph, Joan
STREET ADDRESS
1190 S. Broad Street
CITY-ST-ZIP
Brooksville, FL 34601TITLE D ☐ DELETENAME
Brewer, C. P.
STREET ADDRESS
1190 S. Broad Street
CITY-ST-ZIP
Brooksville, FL 34601TITLE D ☐ DELETENAME
Brewer, Yvonne
STREET ADDRESS
1190 S. Broad Street
CITY-ST-ZIP
Brooksville, FL 34601TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P/CEO ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE D/V ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE D/S/T ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE D/C ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)