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**Mar 13 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S14846 (7)
1. Corporation Name
MANAGEMENT SERVICES GROUP, INC.



Principal Place of Business
**8630 AUTUMN GREEN DR.
JACKSONVILLE FL 32256-9561**

Mailing Address
**8630 AUTUMN GREEN DR.
JACKSONVILLE FL 32256-9561**

2. State of Incorporation	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State	26. State, Apt. #, etc	11/20/1990	05/01/1996
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	59-3038071	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
GRIFFITH, MARK S 8630 AUTUMN GREEN DR. JACKSONVILLE FL 32256-9561		<input type="checkbox"/> Yes <input type="checkbox"/> No	

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 of this firm, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when registering) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, MARK S	12. NAME	
STREET ADDRESS	8630 AUTUMN GREEN DR.	13. STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32256-9561	14. CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, MARK S	22. NAME	
STREET ADDRESS	8630 AUTUMN GREEN DR.	23. STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32256-9561	24. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> DELETE	34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		41. TITLE	
STREET ADDRESS		42. NAME	
CITY - ST - ZIP	<input type="checkbox"/> DELETE	43. STREET ADDRESS	
NAME		44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		51. TITLE	
CITY - ST - ZIP	<input type="checkbox"/> DELETE	52. NAME	
NAME		53. STREET ADDRESS	
STREET ADDRESS		54. CITY - ST - ZIP	
CITY - ST - ZIP	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I 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 included 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **MARK S. GRIFFITH, President, 4/2/97, 904-363-1417**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)