**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT #



S53020

FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Katherine Harris

## FILED Mar 05, 1999 8:00 am **Secretary of State**

03-05-1999 90064 043 \*\*\*150.00

 Corporation Name FEDERAL SERVICE & SUPPLY, INC. Mailing Address Principal Place of Business 2161 DOBBS RD. P.O. BOX 1206 ST. AUGUSTINE FL 32085-1206 ST. AUGUSTINE FL 32086 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/16/1991 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 26 59-3063995 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip 8. This corporation owes the current year Intangible Country 7in □¾No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 WATSON, JANICE T. Street Address (P.O. Box Number is Not Acceptable) 2161 DOBBS RD. ST. AUGUSTINE FL 32086 83 Zip Code 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. VICE PRESIDENT Change □ DELETE 1.1 TITLE TITLE JOHN W FAULL 1.2 NAME NAME WATSON, JANICE T. Roll 7 PALERMO 1.3 STREET ADDRESS STREET ADDRESS 897 PALERMO RD 5+ Hugustine 1.4 CITY-ST-ZIP ST. AUGUSTINE FL 32086 CITY-ST-ZIP Addition ☐ DELETE 2.1 TITLE TREasure. TITLE 2.2 NAME EWa NAME Palumo Rd 2.3 STREET ADDRESS STREET ADDRESS 32086 2. 4 CITY-ST-ZIP CITY-ST-ZIF Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6 1 TITLE ☐ Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)