FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT **1997**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

M///q==================================	MENT # S7268 O SERVICES, INCORPORA							
24 HARRISON AVE PANAMA CITY FL 32401		24 HARRISON AVE PANAMA CITY FL 32401-2744						
					3. Date Incorporated or Qualified 08/09/1991	3	of Last Re 9/1996	eport
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21	h a	26	······		59-3111341			t Applicable
Suite, Apt		Suite, Apt. #, etc.		****	5. Certificate of Status Desired		\$8.75 A	
City & Sta	ale	City & State		-	Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	Z _I p	Country 30		8. This corporation has liability for Florida Statutes	intangible ta		199.032,
7.4	9. Name and Address of Cur				10. Name and Address of New Re			
WI	LLLIAMS, JACK G		81 Na	me				
24		82 Str	eet Addre	ss (P.O. Box Number is Not Acceptal	ble)			
PA	INAMA CITY FL 32401		83					
			[33]					
			84 Cit	у		FL	85 Zip (Code
SIGNATURE					ration submits this statement for the policy accepts to a state of directors. I hereby accepts to a state of the state of			
	Segmential Appendion printed transe of registered		E Rogislered Agent sign	nature require		DATE		
12.	OF FICERS	AND DIRECTORS	13.	nature requirer	d when reinstaling? ADDITIONS/CHANGES TO OFFICE	CERS AND I		
12.	OFFICERS D		13. 1.1 TITLE	nature require		CERS AND I	DIRECTOR Change	
12. PILE NAME	D FAIRCLOTH, RODNEY	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME			CERS AND I		
12. HTEF NAME STREET AODRESS	OFFICERS D FAIRCLOTH, RODNEY 24 HARRISON AVE	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDR			CERS AND I		
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14. I do 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 agricult 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 19 ok 13 if changed, or on an attachment with an address.

6.4 CITY - ST - ZIP

SIGNATURE:

COY-ST ZIE

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

Apr 21 1997 8:00am

Secretary of State

0063505