

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 PM 12:10

DOCUMENT # **S78648** (0)

1. Corporation Name

PROPSERV, INC.

Principal Place of Business

021 W. OSBORNE
STE. B
TAMPA FL 33614
US

Mailing Address

P. O. BOX 15115
TAMPA FL 33684-5115
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/09/1991** 3a. Date of Last Report **02/28/1994**

4. FEI Number **59-3083911** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 **4719 N Thacker Ave**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Tampa FL**

28

24 **33614** 25 **US**

29

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESPOSITO, FRANK R SR.
16332 GULF BLVD.
REDINGTON BCH. FL 33708

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD**
NAME **MUKHALIAN, JOHN**
STREET ADDRESS **12088 ANDERSON RD., STE. 162**
CITY - ST - ZIP **TAMPA FL**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **VD**
NAME **ESPOSITO, WILLIAM**
STREET ADDRESS **16332 GULF BLVD.**
CITY - ST - ZIP **REDINGTON BEACH FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **CPDT**
NAME **ESPOSITO, FRANK R JR.**
STREET ADDRESS **16332 GULF BLVD.**
CITY - ST - ZIP **REDINGTON BEACH FL**

31 TITLE **VD** ☒ Change ☐ Addition
32 NAME **ESPOSITO, FRANK R JR.**
33 STREET ADDRESS **16332 GULF BLVD**
34 CITY - ST - ZIP **REDINGTON BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE **CPD** ☐ Change ☒ Addition
42 NAME **ESPOSITO, FRANK R. SR**
43 STREET ADDRESS **16332 GULF BLVD**
44 CITY - ST - ZIP **REDINGTON BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE:

Frank R Esposito
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name

x 2/10/95 875-6603