

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S92744** (9)

1. Corporation Name

MONROE SERVICE COMPANY



Principal Place of Business

**99411 OVERSEAS HWY.
KEY LARGO FL 33037
US**

Mailing Address

**99411 OVERSEAS HWY.
KEY LARGO FL 33037
US**

2. Principal Place of Business

21 Suite, Apt. #, etc. 26 **1025 White Street**

22 City & State

23 City & State **Key West, FL**

24 Zip 25 Country 29 **33040** 30 **Monroe**

9. Name and Address of Current Registered Agent

**MONROE, PHILLIP M
120 PLANTATION DRIVE
TAVERNIER FL 33070**

3. Date Incorporated or Qualified

11/07/1991

3a. Date of Last Report

04/26/1995

4. FEI Number

65-0293290

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

10. Name and Address of New Registered Agent

81 Name **MONROE, PHILLIP M.**

82 Street Address (P.O. Box Number is Not Acceptable)
1000 HERON

83

City **KEY LARGO**

FL

85 Zip Code **33037**

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

Phillip M. Monroe

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

(INCITE) Registered Agent Signature to print when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **MONROE, PHILLIP M**
STREET ADDRESS **120 PLANTATION DRIVE**
CITY-ST-ZIP **TAVERNIER FL**

TITLE **S** ☐ DELETE
NAME **WALKER JOHAN**
STREET ADDRESS **211 CUBA RD.**
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **MONROE, PHILLIP M.**
1.3 STREET ADDRESS **1000 HERON**
1.4 CITY-ST-ZIP **TAVERNIER, FL 33070**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Delete Johan Walker**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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:

Phillip M. Monroe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96

305-295-0333

Daytime Phone #

CR2E034 (12/95)