

**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 # S96210 (7)**

1. Corporation Name

**SERVICE CENTER ASSOCIATES, INC.**



Principal Place of Business

**1184 SECURITY DRIVE  
DALLAS TX 75247  
US**

Mailing Address

**1184 SECURITY DR  
DALLAS TX 75247  
US**

3. Date Incorporated or Qualified  
**11/25/1991**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

30 Country

4. FET Number

**59-3094988**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOWELL, FRED E.  
3431 WORSHAM PL.  
TITUSVILLE FL 34780**

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 of individual who is the registered agent for the corporation

Signature of Registered Agent or authorized officer or director

Date

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	<b>GRIFTNER, WILLIAM V</b>	
STREET ADDRESS	<b>1184 SECURITY DR</b>	
CITY-STATE-ZIP	<b>DALLAS TX</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>JENSEN, RICHARD M</b>	
STREET ADDRESS	<b>13902 GILES RD.</b>	
CITY-STATE-ZIP	<b>OMAHA NE</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>WEISS, CHRIS R</b>	
STREET ADDRESS	<b>200 E. BLAND ST.</b>	
CITY-STATE-ZIP	<b>CHARLOTTE NC</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>HOLDEN, PAUL M</b>	
STREET ADDRESS	<b>8200 LOVETT AVE</b>	
CITY-STATE-ZIP	<b>DALLAS TX</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>BECK, DOUGLAS J.</b>	
STREET ADDRESS	<b>940 W. 3160 S.</b>	
CITY-STATE-ZIP	<b>W VALLEY CITY UT</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>WOOD, RICHARD J</b>	
STREET ADDRESS	<b>11A OLD WINDSOR RD</b>	
CITY-STATE-ZIP	<b>BLOOMFIELD CT</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 attached form with an address.

SIGNATURE:

*William V. Griftner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILLIAM V. GRIFTNER** 4-11-96 214-951-9255  
President Date Filing #

CR2E034 (12/95)