FILED Apr 30, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

<ol> <li>Corporation</li> </ol>	MENT # S99528 PERVICES TECHNOLOGY, I	•		,			
Principal Place	e of Business	Mailing Address				01841 01011 01011 01	Mit Mibli sabi
555 N ELLIS RE	)	ROUTE 290-1					
JACKSONVILLE FL 32254 BLUEFIELD WV 24701							
US					DO NOT WRITE IN THE	S SPACE	
					3. Date Incorporated or Qualifed 12/10/1991		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21	•	26			59-3099070	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> A	
22		27	_		o. Cormede of Otales Desired	Fee Red	quired
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	_		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	'	8. This corporation owes the current year Ir	ıtangible	
24	25		30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		,	10. Name and Address of New Registered	Agent	
, proper	7.50 7110146		81	Name			
	TLES, THOMAS L.		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
•	BARCO LANE		"	050.7.00			
THE GREENLEAF BLDG			83				
JACK	(SONVILLE FL 32222		-	014		as Zin C	
			84	City	FI	85 Zip C	ode
office or re agent. I an SIGNATURE	egistered agent, or both, in the State π familiar with, and accept the obliga	of Florida. Such change was au ations of, Section 607.0505, Flori	thorized by da Statutes	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	f changing its r intment as reg	registered istered
	Signature, typed or printed name of registered age			nt signature requir	red when reinstating) DATE	UD DIDECTOI	20 IN 42
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	Addition
TITLE	D THE THE THE T	☐ DELETE	1.1 TITLE	Ī		Change	☐ Audition
NAME	SMITH, ELZY T		1.2 NAME				
STREET ADDRESS	ROUTE 290-1		1.3 STREE	T ADDRESS			
CITY-ST-ZiP	BLUEFIELD WV		1.4 CITY-ST-ZIP				- A 1-4/41
TITLE	V	☐ DELĘTE	2.1 TITLE			Change	☐ Addition
NAME	NETTLES, THOMAS L		2.2 NAME				
STREET ADDRESS	555 N. ELLIS RD		2.3 STREET	TADDRESS	• •••		_
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-5	ST-ZIP	<u>,                                     </u>		
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	•		3.2 NAME				
STREET ADDRESS			3.3 STREET	T ADDRESS			
CITY-ST-ZIP			3 4, CITY-5	ST-ZÎP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	<del></del>	☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
	ery comboning control	☐ DELETE	6.1 TITLE			Change	Addition
۱۰۰۱	The state of the s	<u> </u>	6.2 NAME				
NAME 🚁	GANDING PARK C			T ADDRESS			

14. I 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.

SIGNATURE:

SIGNATURE TABLE OF SIGNING OFFICER OR DIRECTOR

20/99 (304)3.

304)325-2446

R2F034 (11/98)