

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V32419**

1. Corporation Name

SERVICE PROFESSIONALS, INC.

Principal Place of Business

313 E OSCEOLA ST
STUART FL 34994
US

Mailing Address

313 E PSCEPA ST
SUITE A4-109
STUART FL 34994
US

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90012 036 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1992

4. FEI Number

65-0331892

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 owes the current year
Intangible Personal Property.

☒ Yes ☐ No

2. Principal Place of Business

21 **317 EAST OSCEOLA ST**

Suite, Apt. #, etc.

City & State

23 **STUART FL**

Zip **34994**

Country

2a. Mailing Address

26 **317 EAST OSCEOLA ST**

Suite, Apt. #, etc.

City & State

28 **STUART FL**

Zip **34994**

Country

9. Name and Address of Current Registered Agent

HANZEL, GERALD
2300 SE OCEAN BLVD
SUITE A4-109
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name

Gerald HANZEL

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

6819 SE ISLE WAY

83

84 City

STUART

FL

85 Zip Code

34996

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **HANZEL, GERALD**
STREET ADDRESS **2300 SE OCEAN BLVD**
CITY-ST-ZIP **STUART FL**

TITLE **D** ☐ DELETE

NAME **SIMON, FRED**
STREET ADDRESS **6819 SE SOUTH MARINA WAY**
CITY-ST-ZIP **STUART FL 34996**

TITLE **D** ☐ DELETE

NAME **VANETZIAN, CHUCK**
STREET ADDRESS **2300 SE OCEAN BLVD**
CITY-ST-ZIP **STUART FL**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gerald HANZEL

7/14/99

508-620-1200

CR2E034 (5/99)

0129115