

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

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
John B. Scott  
Secretary of State  
1995

95 MAY 1 11 9:37

DOCUMENT # **639344**

(1)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PRESERVATION SERVICES, INC.

Previous Registered Agent: 2609 EAST BROADWAY TAMPA FL 33605  
 Mailing Address: 2609 EAST BROADWAY TAMPA FL 33605

21	22	23	24	25	26	27	28	29	30
2. Principal Office (Optional)	3a. Date of Incorporation	3b. Date of Last Report	4. FEI Number	5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	7. The Corporation has adopted a Code of Ethics for its Officers and Directors (Florida Statutes)	8. Mailing Address	9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

3a. Date of Incorporation: 10/10/1979  
 3b. Date of Last Report: 04/04/1994  
 4. FEI Number: 59-1957674  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 7. The Corporation has adopted a Code of Ethics for its Officers and Directors (Florida Statutes):  Yes  No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MORRISON, ANDREW S 833 SEDDON COVE WAY TAMPA FL 33602		B1 Name:	B2 Street Address (P.O. Box Number is Not Applicable)
		B3	B4 City
		FL	B5 Zip Code

11. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct copy of the information required by the Florida Statutes. This statement is for the purpose of changing the registered office of the corporation. The change of the registered office was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida.

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD MORRISON, ANDREW S. 833 SEDDON COVE WAY TAMPA FL	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S MORRISON, EILEEN I 833 SEDDON COVE WAY TAMPA FL	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V HOWELL, ROBERT W 1923 BOW CT VALRICO FL	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, being a duly qualified officer or director of the corporation, hereby certify that the foregoing is a true and correct copy of the information required by the Florida Statutes. I further certify that the information is true and correct as of the date of filing and annual report is true and correct 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 and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears as Director, Officer or Shareholder of the corporation.

SIGNATURE: *Andrew S. Morrison*  
 SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER: **ANDREW S. MORRISON**

4-19-95 (813) 248 1975