

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

**95 APR 17 PH 4:05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 703364 (0)**

1. Corporation Name  
**FADA SERVICES, INC.**

Principal Place of Business <b>505 NORTH MILLS AVE PO BOX 531124 ORLANDO FL 32853</b>	Mailing Address <b>505 NORTH MILLS AVE PO BOX 531124 ORLANDO FL 32853</b>
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/22/1961</b>	3a. Date of Last Report <b>03/18/1994</b>
4. FEI Number <b>59-0951492</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

**JEFFRIES, DAVID D  
505 N MILLS AVE  
ORLANDO FL**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>STD</b>	NAME <b>BLAKE, C L</b>	11 TITLE <b>PD</b>	12 NAME <b>Hopkins, William H</b>
STREET ADDRESS <b>30401 SO FEDERAL HWY</b>	CITY - ST - ZIP <b>HOMESTEAD FL</b>	13 STREET ADDRESS <b>US 90 East &amp; Blountstown Highway</b>	14 CITY - ST - ZIP <b>Marianna FL</b>
TITLE <b>PD</b>	NAME <b>SCHOOLEY, CHARLES W III</b>	21 TITLE <b>PED</b>	22 NAME <b>Blake, C L</b>
STREET ADDRESS <b>2101 45TH ST</b>	CITY - ST - ZIP <b>W PALM BCH. FL</b>	23 STREET ADDRESS <b>30401 S Federal Hwy</b>	24 CITY - ST - ZIP <b>Homestead FL</b>
TITLE <b>PED</b>	NAME <b>HOPKINS, WILLIAM H</b>	31 TITLE <b>STD</b>	32 NAME <b>Ray, William D</b>
STREET ADDRESS <b>US 90 EAST &amp; BLOUNTSTOWN HWY</b>	CITY - ST - ZIP <b>MARIANNA FL</b>	33 STREET ADDRESS <b>2724 North Highway 17-92</b>	34 CITY - ST - ZIP <b>Longwood FL</b>
TITLE <b>V</b>	NAME <b>JEFFRIES, DAVID D</b>	41 TITLE	42 NAME
STREET ADDRESS <b>505 N MILLS AVE</b>	CITY - ST - ZIP <b>ORLANDO FL</b>	43 STREET ADDRESS	44 CITY - ST - ZIP
TITLE	NAME	51 TITLE	52 NAME
STREET ADDRESS	CITY - ST - ZIP	53 STREET ADDRESS	54 CITY - ST - ZIP
TITLE	NAME	61 TITLE	62 NAME
STREET ADDRESS	CITY - ST - ZIP	63 STREET ADDRESS	64 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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *David D. Jeffries* **4/12/95** **407-896-7371**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Area #