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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanna B. Morthman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770807** (6)
1. Corporation Name
ALLEGANY ANCILLARY SERVICES, INC.

Principal Place of Business Mailing Address
**11300 FOURTH STR NORTH SUITE 220 6200 COURTNEY CAMPBELL
ST PETERSBURG FL 33716 100
TAMPA FL 33607
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/14/1983** 3a. Date of Last Report **04/27/1994**
4. FEI Number **59-2411487** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes Yes No

2. Principal Place of Business 2b. Mailing Address
21 **6200 COURTNEY CAMPBELL Cswy** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **100** 27
City & State City & State
23 **TAMPA FL** 28
Zip Country Zip Country
24 **33607** 25 **USA** 29

9. Name and Address of Current Registered Agent
**SULLIVAN, SR M. CELESTE
6200 COURTNEY CAMPBELL CSWY #100
SUITE 220
TAMPA FL 33607**

10. Name and Address of New Registered Agent
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 *S. Marie Celeste Sullivan* DATE **4/26/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DS	NAME GIONTA, MARIE D. SR.	11 TITLE T	12 NAME MICHAEL T. DOOLEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 115 E MAIN ST.	CITY, ST, ZIP ALLEGANY NY 14706	13 STREET ADDRESS 6200 COURTNEY CAMPBELL CSWY #100	14 CITY, ST, ZIP TAMPA FL 33607
TITLE D	NAME RENODIN, LYLE R.	21 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME RONALD RIVER
STREET ADDRESS 204 STATE STREET	CITY, ST, ZIP ALBANY NY	23 STREET ADDRESS 6200 COURTNEY CAMPBELL CSWY #100	24 CITY, ST, ZIP TAMPA FL 33607
TITLE DS DP	NAME SULLIVAN, M CELESTE	31 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	32 NAME HOWARD WATTS
STREET ADDRESS 6200 COURTNEY CAMPBELL CSWY #100	CITY, ST, ZIP TAMPA FL 33607	33 STREET ADDRESS 6200 COURTNEY CAMPBELL CSWY #100	34 CITY, ST, ZIP TAMPA FL 33607
TITLE D	NAME ARCHITTO, SR M.	41 TITLE	42 NAME
STREET ADDRESS 6200 COURTNEY CAMPBELL CAUSEWAY #100	CITY, ST, ZIP TAMPA FL	43 STREET ADDRESS	44 CITY, ST, ZIP
TITLE D	NAME RENODIN, LYLE	51 TITLE	52 NAME
STREET ADDRESS 204 STATE STREET	CITY, ST, ZIP ALBANY NY	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 119 (7)(C)(II), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *S. Marie Celeste Sullivan* DATE **4/26/95** TEL. NO. **913-291-9098**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sr. Marie Celeste Sullivan