FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 23 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F31805** **(7)**

1. Corporation Name
CERTIFIED FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
STE 6116 2180 WEST STATE RD 434 LONGWOOD FL 32779	STE 6116 2180 WEST STATE RD 434 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/23/1981
3a. Date of Last Report: 03/04/1994

2. Principal Place of Business
21 650 DOUGLAS AVE.
Suite, Apt. #, etc.
22 SUITE 1000
City & State
23 ALTAMONTE SPRING FL
Zip 24 32714 Country 25 SEMINOLE

2a. Mailing Address
26 650 DOUGLAS AVE.
Suite, Apt. #, etc.
27 SUITE 1000
City & State
28 ALTAMONTE SPRINGS FL
Zip 29 32714 Country 30 SEMINOLE

4. FEI Number: 59-2126926 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HAYNES, DELTON L
STE 6116
2180 W STATE RD 434
LONGWOOD 32779

10. Name and Address of New Registered Agent

81 Name: DELTON L HAYNES
82 Street Address (P.O. Box Number is Not Acceptable): 650 DOUGLAS AVE.
83 SUITE 1000
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32714

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	HAYNES, DELTON L	1.2 NAME	
STREET ADDRESS	2180 W STATE RD 434,6116	1.3 STREET ADDRESS	650 DOUGLAS AVE., SUITE 1000
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	GARMON, GARY E	2.2 NAME	
STREET ADDRESS	2180 W STATE RD 434,6116	2.3 STREET ADDRESS	650 DOUGLAS AVE., SUITE 1000
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(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 above, or on an attached sheet with an address.

SIGNATURE: Gary E. Garmon GARY E. GARMON, S 01/11/95 407/862-1303
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0044783 CR