

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 7:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200001481052  
-05/09/95--01103--002  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # H35883 (8)

1. Corporation Name

REGIONAL PROPERTY SERVICES, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 1940 Buford Boulevard

Suite, Apt. #, etc.

22

City & State

23 Tallahassee, FL

Zip

24 32308

County

25 Leon

2a. Mailing Address

26 1940 Buford Boulevard

Suite, Apt. #, etc.

27

City & State

28 Tallahassee, FL

Zip

29 32308

County

30 Leon

3. Date Incorporated or Qualified

12/31/1984

3a. Date of Last Report

4/29/94

4. FEI Number

59-2480117

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

6. This corporation has liability for interjurisdictional tax under S. 199.032,

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

Gary D. Sprague  
1940 Buford Boulevard  
Tallahassee, FL 32308

10. Name and Address of New Registered Agent

81 Name

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

1940 Buford Boulevard

83

84 City

Tallahassee

FL

85 Zip Code

32308

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 in printed name of registered agent and other filer.

Note: Registered Agent signature required when re-registering.

(47)

OFFICERS AND DIRECTORS

|               |                         |                        |
|---------------|-------------------------|------------------------|
| 12.1<br>NAME  | 12.2<br>STREET ADDRESS  | 12.3<br>CITY, ST, ZIP  |
| 12.4<br>NAME  | 12.5<br>STREET ADDRESS  | 12.6<br>CITY, ST, ZIP  |
| 12.7<br>NAME  | 12.8<br>STREET ADDRESS  | 12.9<br>CITY, ST, ZIP  |
| 12.10<br>NAME | 12.11<br>STREET ADDRESS | 12.12<br>CITY, ST, ZIP |
| 12.13<br>NAME | 12.14<br>STREET ADDRESS | 12.15<br>CITY, ST, ZIP |
| 12.16<br>NAME | 12.17<br>STREET ADDRESS | 12.18<br>CITY, ST, ZIP |
| 12.19<br>NAME | 12.20<br>STREET ADDRESS | 12.21<br>CITY, ST, ZIP |
| 12.22<br>NAME | 12.23<br>STREET ADDRESS | 12.24<br>CITY, ST, ZIP |

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|              |                        |                       |              |                        |                         |              |                        |                       |               |                         |                         |               |                         |                        |
|--------------|------------------------|-----------------------|--------------|------------------------|-------------------------|--------------|------------------------|-----------------------|---------------|-------------------------|-------------------------|---------------|-------------------------|------------------------|
| 13.1<br>NAME | 13.2<br>STREET ADDRESS | 13.3<br>CITY, ST, ZIP | 13.4<br>NAME | 13.5<br>STREET ADDRESS | 13.6<br>CITY, ST, ZIP   | 13.7<br>NAME | 13.8<br>STREET ADDRESS | 13.9<br>CITY, ST, ZIP | 13.10<br>NAME | 13.11<br>STREET ADDRESS | 13.12<br>CITY, ST, ZIP  | 13.13<br>NAME | 13.14<br>STREET ADDRESS | 13.15<br>CITY, ST, ZIP |
| P/D          | Gary D. Sprague        | 1940 Buford Boulevard | S/V/P        | Edgar M. Moore         | 306 East College Avenue | T/D          | Benson L. Skelton, Jr. | 1320 Thomaswood Drive | D             | Robert R. Deison        | 2032-D Thomasville Road |               |                         |                        |
|              | Tallahassee, FL 32308  |                       |              | Tallahassee, FL 32301  |                         |              | Tallahassee, FL 32312  |                       |               | Tallahassee, FL 32312   |                         |               |                         |                        |

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 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

Vice-President

4/25/95

904/222-5510