03011999-90011-047-$150.00-$150.00

FILE NOW. FILING FEE AFTER MAY 1ST IS $550.09

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAR 22 AM 10:56

[redacted] STATE
[redacted] FLORIDA

DOCUMENT # K82259

1. Corporation Name
EXHIBIT SERVICES, INC.

Principal Place of Business	Mailing Address
6911 PARKE EAST BLVD. 300 TAMPA FL 33610 US	6911 PARKE EAST BLVD. 300 TAMPA FL 33610 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
04/21/1989

4. FEI Number
59-2945495
☐ 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 owes the current year Intangible Personal Property Tax ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CONN, DAVID P.
8320 IBERIA PLACE
TAMPA FL 33637

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 _____ 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	VP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	CONN, JOSEPH R.		1.2 NAME	JOSEPH R. CONN	
STREET ADDRESS	800 DAKOTA AVE #310		1.3 STREET ADDRESS	3305 S. OMAR AV.	
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CONN, ROY A.		2.2 NAME		
STREET ADDRESS	8710 LINDA CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CONN, ROBERT		3.2 NAME		
STREET ADDRESS	7914 SABAL CT.		3.3 STREET ADDRESS	deceased	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CONN, ELAINE		4.2 NAME		
STREET ADDRESS	7914 SABAL DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CONN, DAVID		5.2 NAME		
STREET ADDRESS	8320 IBERIA PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33637		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CONN ROBIN L.		6.2 NAME		
STREET ADDRESS	11861 WILDFLOWER BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elaine M Conn Corp. Sec. 3/18/99 813-623-1163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)