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95 APR 24 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P93000046225 (7)

1. Corporation Name
GROUP SERVICES, INC.

Principal Place of Business Mailing Address

**8540 COLLEGE PARKWAY
FT MYERS FL 33919** **8540 COLLEGE PARKWAY
FT MYERS FL 33919**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/30/1993	3a. Date of Last Report 07/11/1994
4. FEI Number 65-0419744	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 Max Fee Added to Fees
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	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
Country	30

9. Name and Address of Current Registered Agent

**LANGLEY, JAMES C
8540 COLLEGE PARKWAY
FT MYERS FL 33919**

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 reappointing)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHAZAL, RICHARD A
STREET ADDRESS	8540 COLLEGE PARKWAY
CITY - ST - ZIP	FT. MYERS FL 33919
TITLE	V
NAME	DAVIS, RICHARD H
STREET ADDRESS	8540 COLLEGE PARKWAY
CITY - ST - ZIP	FT MYERS FL 33919
TITLE	V
NAME	HOFFMAN, ELIOT B
STREET ADDRESS	8540 COLLEGE PARKWAY
CITY - ST - ZIP	FT. MYERS FL 33919
TITLE	V
NAME	CONRAD, JAMES A
STREET ADDRESS	8540 COLLEGE PARWAY
CITY - ST - ZIP	FT MYERS FL 33919
TITLE	V
NAME	TOGGART, EDWARD J
STREET ADDRESS	8540 COLLEGE PARKWAY
CITY - ST - ZIP	FT. MYERS FL 33919
TITLE	V
NAME	DANZIG, MICHAEL D
STREET ADDRESS	8540 COLLEGE PARKWAY
CITY - ST - ZIP	FT. MYERS FL 33919

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James C. Langley* **JAMES C. LANGLEY** 4-19-95 813 433 8862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #