

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary, F.D.S.
DOCTOR OF LAW, UNIVERSITY OF FLORIDA

DOCUMENT # P93000084742 (4)
1. Corporation Name
IN HOUSE SUPPORT SERVICES, INC.

RECEIVED
55 FEB 16 PM 12:09

Principal Place of Business
501 SILVER LAKE DRIVE
SANFORD FL 32773

501 SILVER LAKE DRIVE
SANFORD FL 32773

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1675 E. Lake Mary BLVD 22 Suite Apt. # etc. 23 City & State Sanford, FL 32773 24 Zip 32773 25 County Seminole		2a. Mailing Address 26 1875 E. Lake Mary Blvd. 27 Suite Apt. # etc. 28 City & State Sanford, FL 32773 29 Zip 32773 30 County Seminole		3. Date of Report 12/13/1993 3a. Date of Last Report 03/22/1994 4. FID Number 59-3219699 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 CAPITAL CONNECTION INC 417 E VIRGINIA ST SUITE 1 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent 81 Name Neil Tygar 82 Street Address (P.O. Box Number is Not Acceptable) 793 Cricklewood Terrace 83 84 City Heathrow FL 85 Zip Code 32746	

11. Pursuant to the provisions of Sections 607.0503 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: <i>Neil Tygar</i> DATE: 2/8/95		12. OFFICERS AND DIRECTORS NAME: RADIN, MATTHEW STREET ADDRESS: 501 SILVER LAKE DR CITY, ST, ZIP: SANFORD FL 32773 TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP: TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP: TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP: TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE VP 1.2 NAME Neil B. Tygar 1.3 STREET ADDRESS 1875 E. Lake Mary Blvd. 1.4 CITY, ST, ZIP Sanford, FL 32773 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	
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14. I hereby certify that the information supplied with this filing is a true and correct statement of the facts and circumstances of the corporation's business and affairs, and that the information is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 201, Florida Statutes, and that my name appears in Block 1, or Block 1.1 if changed, on an affidavit with an address.

SIGNATURE: *Neil Tygar* DATE: 2/8/95 407 328-3010