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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **K05250** **(1)**

1. Corporation Name
PIA SERVICES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1390 TIMBERLANE ROAD TALLAHASSEE FL 32312	1390 TIMBERLANE ROAD TALLAHASSEE FL 32312-1766

3. Date Incorporated or Qualified: **12/03/1987**
3a. Date of Last Report: **08/07/1996**

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)

4. FEI Number: **59-2859745** ☐ 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

MOCK, KATHLEEN M.
1390 TIMBERLANE RD.
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name: Harold Marsolais
82 Street Address (P.O. Box Number is Not Acceptable): 1390 Timberlane Road
83
84 City: Tallahassee FL 85 Zip Code: 32312

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: Harold Marsolais
Signature, type or printed name of registered agent and title if applicable: Harold Marsolais EVP
(NOTE: Registered Agent signature required when reinstating)
DATE: 4/3/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOCK, KATHLEEN M		1.2 NAME		
STREET ADDRESS	1390 TIMBERLANE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	O'ROURKE, EDWARD H		2.2 NAME		
STREET ADDRESS	P.O. BOX 3260 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARSOLAIS, HAROLD		3.2 NAME		
STREET ADDRESS	1833 HALSTEAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE		3.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARINO, BRIAN		4.2 NAME		
STREET ADDRESS	21459 NW 2ND AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHAW, TIM		5.2 NAME		
STREET ADDRESS	1635 COLONIAL BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VANCURA, JOSEPH L		6.2 NAME		
STREET ADDRESS	5955 PONCE DE LEON BLVD., STE. 101		6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Harold Marsolais 4/3/97 904/893-8245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #