FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **178533** **(6)**

1. Corporation Name

DADE SERVICE CORPORATION

Principal Place of Business	Mailing Address
1950 INDIGO DRIVE NORTH #2 DAYTONA BEACH FL 32114 US	P.O. BOX 11137 DAYTONA BEACH FL 32120-1137 US

2. Principal Place of Business	2a. Mailing Address
21 1901 Mason Avenue	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 103	27
City & State	City & State
23 Daytona Beach, FL	28
Zip / Country	Zip / Country
24 32114 / 25 USA	29 / 30

3. Date Incorporated or Qualified: **04/30/1954**
3a. Date of Last Report: **01/23/1995**
4. FEI Number: **59-0711422** ☐ 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**

PERRYMAN, OWEN
1950 INDIGO DRIVE NORTH
#2
DAYTONA BEACH FL 32114

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1901 Mason Avenue
83 Suite 103
84 City Daytona Beach FL 85 Zip Code 32114

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 _____ 01/19/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	PERRYMAN,OWEN		1.2 NAME		
STREET ADDRESS	1950 INDIGO DRIVE NORTH #2		1.3 STREET ADDRESS	1901 Mason Avenue, Suite 103	
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	V	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	PERRYMAN, O J		2.2 NAME		
STREET ADDRESS	1950 INDIGO DRIVE NORTH #2		2.3 STREET ADDRESS	1901 Mason Avenue, Suite 103	
CITY-ST-ZIP	DAYTONA BEACH FL		2.4 CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE	VD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PERRYMAN, FRANK		3.2 NAME		
STREET ADDRESS	1950 INDIGO DRIVE NORTH #2		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		3.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PERRYMAN, DAVID		4.2 NAME		
STREET ADDRESS	1950 INDIGO DRIVE NORTH #2		4.3 STREET ADDRESS	1901 Mason Avenue, Suite 103	
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY-ST-ZIP	Daytona Beach, FL 32114	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: David Perryman VP **David Perryman** **01/19/96** **(904) 274-5655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #