

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 317054

(5)

1. Corporation Name

PLACID LOAN SERVICE INC

Principal Place of Business

**225 INTERLAKE BLVD
LAKE PLACID FL 33852**

Mailing Address

**225 INTERLAKE BLVD
LAKE PLACID FL 33852**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1967

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1196567

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 § 190.119?

Florida Statutes

☐ Yes

☐ 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

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TOMPKINS, JIM ATTORNEY
INTERLAKE BLVD
LAKE PLACID, FL
33852**

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

Signature of person or persons named in registered agent and title (acceptable)

(If officer) Registered Agent (acceptable) (If not acceptable)

(not)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	SHIELDS, THOMAS E
STREET ADDRESS	96 MANDOLIN DRIVE
CITY, ST, ZIP	LAKE PLACID, FL 00000
TITLE	VD
NAME	SHIELDS, MARY C
STREET ADDRESS	96 MANDOLIN DRIVE
CITY, ST, ZIP	LAKE PLACID, FL 00000
TITLE	STD
NAME	SHIELDS, MICHAEL J
STREET ADDRESS	96 MANDOLIN DRIVE
CITY, ST, ZIP	LAKE PLACID, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ 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 119.07(3)(b), 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 it would 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: Michael J. Shields **Michael J. Shields**
SIGNATURE (TO BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

04-26-95
Date

465 3242
Telephone Number