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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33852-8621

3. Date Incorporated or Qualified 05/22/1967
3a. Date of Last Report 05/01/1996
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 s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

TOMPKINS, JIM ATTORNEY
INTERLAKE BLVD
LAKE PLACID, FL
33852

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 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 | 1.1 TITLE | |
| NAME | SHIELDS, THOMAS E | 1.2 NAME | |
| STREET ADDRESS | 96 MANDOLIN DRIVE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | LAKE PLACID, FL 00000 | 1.4 CITY - ST - ZIP | |
| TITLE | VD | 2.1 TITLE | |
| NAME | SHIELDS, MARY C | 2.2 NAME | |
| STREET ADDRESS | 96 MANDOLIN DRIVE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | LAKE PLACID, FL 00000 | 2.4 CITY - ST - ZIP | |
| TITLE | STD | 3.1 TITLE | |
| NAME | SHIELDS, MICHAEL J | 3.2 NAME | |
| STREET ADDRESS | 96 MANDOLIN DRIVE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | LAKE PLACID, FL 00000 | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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:

Michael J. Shields
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-97

Date

465 3242

Daytime Phone #

0389727

CR2E034 (9/96)