FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 11 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **386939** **(3)**

1. Corporation Name

EXPEDIENT SERVICES, INC.

Principal Place of Business	Mailing Address
2445 CHENEY HWY. P.O.BOX 5400 TITUSVILLE FL 32783-~~2400~~ X - 5400	2445 CHENEY HWY. P.O.BOX 5400 TITUSVILLE FL 32783-~~2400~~ - 5400

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
08/16/1971	04/27/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 56-1018404 ☐ 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	10. Name and Address of New Registered Agent
HUGHES, SHERRY 4835 SANTA ROSA AVE TITUSVILLE FL 32780	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HUGHES, HORACE	12 NAME	
STREET ADDRESS	4835 SANTA ROSA AVE	13 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	HUGHES, SHERRY	22 NAME	
STREET ADDRESS	4835 SANTA ROSA AVE	23 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	HUGHES, SANDRA	32 NAME	
STREET ADDRESS	~~720 GARDEN PLAZA~~	33 STREET ADDRESS	1237 EAST LIVINGSTON
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	VPD	41 TITLE	☐ Change ☐ Addition
NAME	HUGHES, CARL	42 NAME	
STREET ADDRESS	329 PRITCHARD ST	43 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	44 CITY-ST-ZIP	
TITLE	VPD	51 TITLE	☒ Change ☐ Addition
NAME	HUGHES, GERALD	52 NAME	
STREET ADDRESS	~~4845 KEY LARGO DRIVE~~	53 STREET ADDRESS	4373 LONG BOW DR
CITY-ST-ZIP	TITUSVILLE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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. HORACE T. HUGHES

SIGNATURE: Horace T Hughes, President 4-6-95 (407) 267-3450
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL BEING OFFICER OR DIRECTOR — Date — Daytime Phone #

041A96 FP