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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 445098

(7)

1. Corporation Name:

MICROFILM SERVICES, INC

Principal Place of Business

1871 B DOUGLAS
CLEARWATER FL 34615

Mailing Address

1871 B DOUGLAS
CLEARWATER FL 34615

2. Principal Place of Business

21 10 n. Myrtle Ave.

Suite, Apt. #, etc.

22 City & State

23 Clearwater, FL

24 Zip

34615

Country

25 Pinellas

2a. Mailing Address

26 P.O. Box 1169

Suite, Apt. #, etc.

27 City & State

28 Clearwater, FL

29 Zip

34617

Country

30 Pinellas

9. Name and Address of Current Registered Agent

STEPHENS, MICHAEL A.
1915 DOWNING PLACE
PALM HARBOR FL 34683

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 type for printed name of registered agent and board of directors

Signature type for printed name of registered agent and board of directors

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME STEPHENS, MICHAEL A.

STREET ADDRESS 1915 DOWNING PL

CITY-ST-ZIP PALM HARBOR FL

TITLE VSD ☐ DELETE

NAME STEPHENS, PEGGY A.

STREET ADDRESS 1915 HARBOR PL

CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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)(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:

Peggy Stephens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/96 (83) 461-3245
DATE DAY/MONTH/YEAR

CR2E034 (12/95)