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 # **487966** **(4)**

1. Corporation Name

CII SERVICE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1477 BANKS RD PO BOX 63-4037 MARGATE FL 33063 US	1477 BANKS RD PO BOX 63-4037 MARGATE FL 33063 US

3. Date Incorporated or Qualified: **10/20/1975**
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22): P.O. Box 93-4037
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27): P.O. Box 93-4037
City & State (28)
Zip (29) Country (30)

4. FEI Number: **54-1004028** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; OR Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	EXECUTIVE V.P (V)	☐ Change ☒ Addition
NAME	THACKER, JAMES T.		12 NAME	ROBERT W. RANSON	
STREET ADDRESS	6767 FOREST HILL AVENUE		13 STREET ADDRESS	6767 FOREST HILL AVENUE	
CITY-ST-ZIP	RICHMOND VA		14 CITY-ST-ZIP	RICHMOND, VA. 23225	
TITLE	V	☐ DELETE	21 TITLE	SECRETARY (S)	☐ Change ☒ Addition
NAME	CRAWFORD, ANDREW		22 NAME	RAY L. KAUFMAN	
STREET ADDRESS	6767 FOREST HILL AVENUE		23 STREET ADDRESS	6767 FOREST HILL AVENUE	
CITY-ST-ZIP	RICHMOND VA		24 CITY-ST-ZIP	RICHMOND, VA, 23225	
TITLE	V	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MCCOY, LONNIE W.		32 NAME		
STREET ADDRESS	3700 NW 102ND AVE		33 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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: Ray L. Kaufman, Secretary 1-28-96 804-272-7585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RAY L. KAUFMAN