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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:33

DOCUMENT # **643159** **(7)**

1. Corporation Name

S&S MANAGMENT & CONSULTING SERVICES CO.

Principal Place of Business	Mailing Address
1707 ELM ST SUITE E ROCKLEDGE FL 32955 US	P.O. BOX 1719 COCOA FL 32923-1719 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/29/1979
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business (21): 1707 ELM ST
Suite, Apt. #, etc. (22): SUITE E
City & State (23): ROCKLEDGE FL
Zip (24): 32955 Country (25): US

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 59-1966888 ☐ 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

SKOWRON, JOSEPH F.
126 SOUTH TWIN LAKES DRIVE
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: COCOA FL 85 Zip Code: 32926

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	DP	11 TITLE	☒ Change ☐ Addition
NAME	SKOWRON, JOSEPH F.	12 NAME	
STREET ADDRESS	126 S. TWIN LKS DR.	13 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	14 CITY-ST-ZIP	COCOA, FL 32926
TITLE	T	21 TITLE	☐ Change ☒ Addition
NAME		22 NAME	SKOWRON, SARA S.
STREET ADDRESS		23 STREET ADDRESS	126 S. TWIN LKS DR
CITY-ST-ZIP		24 CITY-ST-ZIP	COCOA FL 32926
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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 added on an attached sheet, with an address.

SIGNATURE: _____ 2-22-95 (407)631-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSEPH F SKOWRON

04/07/95 FP