

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 27 AM 10:40

DOCUMENT # 658680

(4)

1. Corporation Name

NATIONAL PREMIER SERVICES, INC.

Principal Place of Business

"TALLAHASSEE YOGURT SHOP"

Mailing Address

1637 R STREET N.W.

TALLAHASSEE REGIONAL AIRPORT WASHINGTON, D.C. 20009
3360 CAPITAL CIRCLE S.W.

SUITE #28, TALLAHASSEE, FL 32310

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/11/1980

3a. Date of Last Report

03/08/1994

2. Principal Place of Business

TALLAHASSEE YOGURT SHOP

2a. Mailing Address

1637 R STREET NW

4. FEI Number

59-1981402

Applied For

Not Applicable

21. Suite Apt # etc

22. 28

26. Suite Apt # etc

27. 28

23. City & State

TALLAHASSEE, FL

27. City & State

WASHINGTON, D.C.

24. Zip

32310

Country

U.S.A.

28. Zip

20009

Country

U.S.A.

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 Agent or Officer of Registered Agent and the Corporation

Signature of Registered Agent (signature required when mandating)

Signature

12. OFFICERS AND DIRECTORS

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

P
SALAS, MAX
3100 LEBANON RD.
NASHVILLE TN

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

S
SALAS, MAX
3100 LEBANON RD.
NASHVILLE TN

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

12.1 TITLE

12.2 NAME

12.3 STREET ADDRESS

12.4 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

☐ Change ☐ Addition

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

☐ Change ☐ Addition

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

☐ Change ☐ Addition

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

☐ Change ☐ Addition

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the Secretary, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 143.07(1)(b), 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 person authorized to execute this report as required by Chapter 143, Florida Statutes, and that my name appears in Block 12 of this report. If changed, as on an attachment with an address.

SIGNATURE:

Max Salas

MAX SALAS

03/08/95

202-265-5454