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 # **664859** **(6)**

1. Corporation Name

BUSINESS SERVICES, INC.

Principal Place of Business	Mailing Address
5 WALDORF PL (32135) P O BOX 352770 PALM COAST FL 32135	5 WALDORF PL (32135) P O BOX 352770 PALM COAST FL 32135

2. Principal Place of Business	2a. Mailing Address
21 677 ROYAL PALM BLVD #10	26 505 BEACHLAND BLVD
Suite, Apt. #, etc. 22 #10	Suite, Apt. #, etc. 27 SUITE #1-273
City & State 23 VERO BEACH FL	City & State 28 VERO BEACH FL
Zip / Country 24 32960 / 25	Zip / Country 29 32963 / 30

3. Date Incorporated or Qualified: 02/28/1980
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2059431 ☐ 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

KUHN, WALTER
5 WALDORF PL
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name: WALTER KUHN
82 Street Address (P.O. Box Number is Not Acceptable): 677 ROYAL PALM BLVD #10
83
84 City: VERO BEACH **FL** 85 Zip Code: 32960

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: Walter Kuhn DATE: 4-18-96

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	KUHN, WALTER	
STREET ADDRESS	5 WALDORF PL	
CITY-ST-ZIP	PALM COAST, FL 32035	
TITLE	V	☐ DELETE
NAME	ARMBRUSTER, MICHAEL	
STREET ADDRESS	1821 S. CRANE CREEK AVE	
CITY-ST-ZIP	PALM CITY FL	
TITLE	S	☐ DELETE
NAME	KUHN, ROSE	
STREET ADDRESS	5 WALDORF PL	
CITY-ST-ZIP	PALM COAST, FL 32035	
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	677 ROYAL PALM BLVD #10	
1.4 CITY-ST-ZIP	VERO BEACH, FL 32960	
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	677 ROYAL PALM BLVD #10	
3.4 CITY-ST-ZIP	VERO BEACH, FL 32960	
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)(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.

SIGNATURE: Walter Kuhn 4-18-96 407-564-0758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
WALTER KUHN

CR2E034 (12/95)