

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT



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

1995-2095

B-7871-C

APPROVED
AND
FILED

95 JUL 20 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 678909 (3)
1. Corporation Name
PROFESSIONAL WRITING SERVICES INCORPORATED

Principal Place of Business Mailing Address
3147 LAKESTONE DRIVE 3147 LAKESTONE DRIVE
TAMPA FL 33618 TAMPA FL 33618

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/18/1980 3a. Date of Last Report 07/19/1994
4. FEI Number 59-2024822 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

2. Principal Place of Business 2a. Mailing Address
21 10020 Colonnade Drive 26 10020 Colonnade Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Tampa, Florida 28 Tampa, Florida
Zip Country Zip Country
24 33647 25 33647 29 33647 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAHONEY, MICHAEL P.
3147 LAKESTONE DRIVE
TAMPA FLORIDA 33618

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 10020 Colonnade Drive
84 City Tampa FL 85 Zip Code 33647

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	MAHONEY, MICHAEL P.	3147 LAKESTONE DRIVE	TAMPA FL
STD	MAHONEY, MARY E.	3147 LAKESTONE DRIVE	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		10020 Colonnade Drive	Tampa, Florida 33647	☒	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
		10020 Colonnade Drive	Tampa, Florida 33647	☒	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				☐	☐

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 110.07(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 as an attachment with an address.

SIGNATURE: Michael P. Mahoney 7-17-95 813/991-6229
President

CR2EC94 (3/95)