FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (4) **DOCUMENT #** COLONY SERVICES, INC. Mailing Address Principal Place of Business 3019 DELLWOOD TERRACE 3019 DELLWOOD TERRACE P. O. BOX 1589 P. O. BOX 1589 LABELLE FL 33935 LABELLE FL 33935 3a. Date of Last Report 05/01/1995 d or Qualified 08/28/1980 Applied For 4. FFI Number 2a. Mailing Address 2. Principal Place of Business 59-2106931 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Zip Yes No Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 24 Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) SMITH, WILLIAM R. 82 8191 COLLEGE PARKWAY 83 SUITE 300 Zip Code FT. MYERS FL 33919 85 City 84 FL 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 Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. CR2E034 (12/95) SIGNATURE At the Supplement Agent Substitute to Substitute Signature Typed or proted was per eagletern but of and the diagrams ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition PDST DELETE CULTURE TiTLE SMITH, ROBERT W. 1.2 NAME NAME 17950 CYPRESS CK RD 1.3 STREET ADDRESS STREET ADDRESS ALVA FL 1.4 City - \$1 - Zif Change Addition CITY - ST - ZIP DELETE 2 1 Hite TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4.0HY-\$1-ZIF Change Addition CITY - S1 - ZIP DELETE 4 1 11 LE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CDV - ST. ZIP CITY - ST - ZIP Change Addit-on DELETE 5 1 THLE TITLE 5.2 NAME NAME 5.3 STREE! ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily formshed 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 logal effect as if made under cath; 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 cathering in Plock 13 or Plock 13 o appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.4 CiTY - \$1 - ZIP

6.3 STREET ADDRESS

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6 1 T.H.E

6.2 NAME

SIGNATURE:

STREET ADDRESS

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CITY-ST-ZIF

THILE

NAME

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
OBERT W. Smith President

DELETE

Change

Addition