

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 768678 (5)**

1. Corporation Name

**SHCC SERVICES, INC.**



Principal Place of Business

Mailing Address

% T. L. TRIMBLE  
2400 BEDFORD RD.  
ORLANDO FL 32803

% T. L. TRIMBLE  
2400 BEDFORD RD.  
ORLANDO FL 32803

3. Date Incorporated or Qualified **05/27/1983** 3a. Date of Last Report **02/16/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **111 North Orlando Ave.** 26 **111 North Orlando Ave.** 59-2291046 Applied For  
Suite, Apt. #, etc. Suite, Apt. #, etc. Not Applicable

22 City & State 27 City & State  
23 **Winter Park, FL** 28 **Winter Park, FL** 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

24 **32789** 25 **Orange** 29 **32789** 30 **Orange** 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

10. Name and Address of New Registered Agent

TRIMBLE, TAMARA L.  
2400 BEDFORD RD.  
ORLANDO FL 32803

81 Name **TRIMBLE, TAMARA L.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **111 North Orlando Avenue**  
84 City **Winter Park** FL 85 Zip Code **32789**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **TAMARA L. TRIMBLE** (Signature of Registered Agent) 1/26/96  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOBAN, GLENWOOD T.	12 NAME	
STREET ADDRESS	500 WINDERLEY PL 115	13 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL.	14 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIWAG, MELCHOR R.	22 NAME	
STREET ADDRESS	500 WINDERLEY PLACE #115	23 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL.	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIESE, CALVIN	32 NAME	WIESE, CALVIN
STREET ADDRESS	2400 BEDFORD ROAD	33 STREET ADDRESS	111 North Orlando Avenue
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Winter Park, FL 32789-3675
TITLE	STD <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CENTER, RICHARD	42 NAME	
STREET ADDRESS	3978 MEMORIAL DR	43 STREET ADDRESS	
CITY-ST-ZIP	DECATUR GA	44 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, L. MARK	52 NAME	BLOCK, L. MARK
STREET ADDRESS	2400 BEDFORD ROAD	53 STREET ADDRESS	111 North Orlando Avenue
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	Winter Park, FL 32789-3675
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **L. Mark Block** 1/26/96 407/975-1410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)