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

APPROVED
AND
FILED

95 MAY -1 AM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F28119** **(8)**

1. Corporate Name

ORANGE BUSINESS SYSTEMS, INC.

Principal Place of Business	Mailing Address
132 DUBSDREAD CIRCLE ORLANDO FL 32804-0075	132 DUBSDREAD CIRCLE ORLANDO FL 32804-0075

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/02/1981**	3a. Date of Last Report: **04/15/1994**
4. FEI Number: **59-2085153**	☐ 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	10. Name and Address of New Registered Agent
ECKFORD, KAY 132 DUBSDREAD CIRCLE ORLANDO FL 32804	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 Section 607.0501, 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. The undersigned is the corporation's chief director. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of my position as registered agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE	PD	☐ Change ☐ Addition
NAME	ECKFORD, KAY	
STREET ADDRESS	132 DUBSDREAD CR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	☐ Change ☐ Addition
NAME	FRICK, PATSY R	
STREET ADDRESS	132 DUBSDREAD CR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. To the best of my knowledge, the information supplied with this report is complete and accurate. I further certify that the information indicated on this report or supplemental 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 with an address, with an asterisk.

SIGNATURE: PATSY R. FRICK Patsy R. Frick 4/29/95 407-858-3575

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

0417378 FP