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 # **F39190** **(6)**

1. Corporation Name

SHARED SERVICES, INC.

700001848177
-06/03/96--01053--028
***208.75

Principal Place of Business	Mailing Address
~~8930 NW 39TH AVENUE~~ P.O.BOX 749 GAINESVILLE FL 32606 US	~~8930 NW 89TH AVE~~ P.O.BOX 749 GAINESVILLE FL 32606 US

3. Date Incorporated or Qualified: **06/03/1981**
3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business
21: 4300 N.W. 89th Blvd.
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: 4300 N.W. 89th Blvd.
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: **59-2149221** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX **$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

DEMONTMOLLIN, STEPHEN
~~8930 NW 39TH AVE~~
~~GAINESVILLE FL 32606~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4300 N.W. 89th Blvd.
83
84 City: Gainesville **FL** 85 Zip Code: 32606

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: Stephen Joe DeMontmollin 4/26/96
Signature, typed or printed name of individual with authority to sign on behalf of corporation — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DC~~ ☐ DELETE	1.1 TITLE	DC ☐ Change XX Addition
NAME	~~PEDDIE, EDWARD C~~	1.2 NAME	O'Neil, Gerald T.
STREET ADDRESS	~~8930 NW 39TH AVE~~	1.3 STREET ADDRESS	4300 N.W. 89th Blvd.
CITY-ST-ZIP	~~GAINESVILLE, FL 00000~~	1.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	~~DT~~ ☐ DELETE	2.1 TITLE	DVC ☐ Change XX Addition
NAME	~~HUGHEY, P J~~	2.2 NAME	Hairston, Don
STREET ADDRESS	~~8930 NW 39TH AVE~~	2.3 STREET ADDRESS	4300 N.W. 89th Blvd.
CITY-ST-ZIP	~~GAINESVILLE FL~~	2.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	~~DS~~ ☐ DELETE	3.1 TITLE	DS/T ☐ Change XX Addition
NAME	~~TAYLOR, ANN~~	3.2 NAME	deMontmollin, Stephen J.
STREET ADDRESS	~~8930 NW 39TH AVE~~	3.3 STREET ADDRESS	4300 N.W. 89th Blvd.
CITY-ST-ZIP	~~GAINESVILLE FL~~	3.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	~~D~~ ☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	~~REARICK, TIM~~	4.2 NAME	D
STREET ADDRESS	~~8930 NW 39TH AVE~~	4.3 STREET ADDRESS	Hughey, P. Jan
CITY-ST-ZIP	~~GAINESVILLE FL~~	4.4 CITY-ST-ZIP	4300 N.W. 89th Blvd. Gainesville, FL 32606
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	D
STREET ADDRESS		5.3 STREET ADDRESS	Ayers, Kay
CITY-ST-ZIP		5.4 CITY-ST-ZIP	4300 NW 89th Blvd. Gainesville, FL 32606
TITLE	☐ DELETE	6.1 TITLE	XX Change ☐ Addition
NAME		6.2 NAME	P
STREET ADDRESS		6.3 STREET ADDRESS	Peddie, Edward
CITY-ST-ZIP		6.4 CITY-ST-ZIP	4300 N.W. 89th Blvd. Gainesville, FL 32606

CR2E034 (12/95)

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 added/attached with an address.

SIGNATURE: Gerald T. O'Neil 4/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/11/96