FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| 1996 | | Conference of the Conference o | DIVISION OF | BION OF CORPORATIONS | | | | |
|---|--|--|---|-------------------------|-------------------------------|--|---|---|
| DOCUM 1. Corporation i | | F59142 | (2) | | | | | |
| • | | AL SERVICES, INC |) . | | | | | |
| | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | <u> </u> | JBHB 1181 BIJBH BIBH | |
| 4810 WOODLANE CIRCLE TALLAHASSEE FL 32303-6808 | | | 4810 WOODLANE CIRCLE TALLAHASSEE FL 32303-6808 | | | | | |
| | | | | | | 3. Date Picorporated or Qualified 12/22/1981 | 3a. Date of Last 05/11 | t Report 1/1995 |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 21 Suite, Apt. #, | etc | 26 | Suite, Apt. #, etc. | | | 59-2155776 | | Not Applicable |
| 22 | . etc. | 27 | F1 ' | | | 5. Certificate of Status Desired | 1 1 | 75 Additional ee Required |
| City & State | | —————————————————————————————————————— | ty & State | ··· »··· ———— | | Election Campaign Financing Trust Fund Contribution | \$5 | .00 May Be |
| Ζφ | , Gountr | y 2 | ρ | Country | | 8. This corporation has liability for i | intangible tax under | |
| 24 | 25 | [29] | <u>-</u> | 30 | | Florida Statutes Yes | | |
| | 9, Name and Addre | ess of Current Register | ea Agent | 81 | Name | 10. Name and Address of New R | egistered Agent | |
| BUTI FI | R, NEIL H. | | | | | | | |
| BUTLER & LONG, P.A. | | | | 82 | Street Add | ess (P.O. Box Number is Not Acceptab | le) | |
| | ARD STREET | | | 83 | | | | |
| ; TALLAH | HASSEE FL 32303 | | | 84 | City | | 85 | Zip Code |
| - · - · - · - · - · - · - · - · - · | | | | | Ť | | | · |
| or registere familiar with | d agent, or both, in the | State of Florida, Such of thous of, Section 607.050 | iárioe was authorize | ed by the corpo | arned corpor pration's boa | ation submits this statement for the pur rd of directors. Thereby accept the appo | pese or changing it pintment as register | is registered office red agent. I am |
| | | of registeric agest and the it appe | | Tu: Begisteren Agen | t signal no require | | DATE | |
| 12. | | PEHOERS AND DIRECTO | DELETE | 13. | | ADDITIONS/CHANGES TO OFF | ICERS AND DIREC | |
| NAME | PEACOCK, WIL | Bert J., Jr | L1 orecir | 1.2 NAME | | | □ cuant | ge 🔲 Addition |
| STREET ADDRESS | 4205 BEN BLVI | | | 1.3 \$18561 | ADDRESS | | | |
| CHY-ST-ZIF | TALLAHASSEE | FL | | | r - ZiP | | | |
| TILE | ST | | DELETE | 2 1 HILE | | | ☐ Chang | ge 🔲 Addition |
| NAME | PEACOCK, BET | | | 2.2 NAME | | | | |
| STREET ADDRESS | 4205 BEN BLVI | | | 2.3 S1R8F1 | ADDRESS | | | |
| City - ST - 7IP | TALLAHASSEE | PL | DELFIE | 2.4 CiTy - Si | 1 209 | | F7.0 | |
| NAME | | | | 3. 1 THELE 3.2 NAME | | | []] Chang | ge 🔲 Addition |
| STREET ADDRESS | | | | 33 SIREET | A DESIGN | | | |
| C-TY-SI-ZIP | | | | 34 CHY S | | | | |
| TILI | | | ☐ OFLETE | 4 1 THILE | | | Chang | ge 🔲 Addit on |
| NAME | | | | 4.2 NAME | | -00000173 | 3817n | |
| STREET ADDRESS | OCRESS | | | 4.3 STREET ADDRESS | | 0000017: -03/11/36010 ***200.00 | J07018 | |
| CITY - SI - ZI₽ | | | | 4.4 CITY - \$ | r ZIP | ***200.00 | | |
| TITLE | | | DELETE | 5 1 THILE | | | ☐ Charig | ge 🔲 Addition |
| NAME CIDICI ADDOCCO | | | | 5.2 NAME | *DOM OF | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | 53 STREET. | | | | |
| THE THE | | | DELETE | 5 4 CHY+S1 6 1 TiflE | | | Chang | ge 🗍 Addition |
| NAME | | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | | 63 STREET | ADDRESS | | | |
| C/TY-S1-ZIP | | ~ » | | | I - ZIP | | | |
| 14. I do hereby certify that t | certify that the informathe information indicate | tion supplied with this film dion this annual report o | ig is voluntarily furni supplemental annu | shed and does | not qualify f | or the exemption stated in Section 119. te and that my signature shall have the | 07(3)(k), Florida Sta | itutes. I further |

To heleby denighted the information supplied with his illing is voluntarily formation and does not quarily for the exemption stated in Section 119.07(3)(k), Florida Statutes. Florther certify that the information indicated on this annual report is 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 changed, or on an algorithment with an address.

SIGNATURE:

SOUTH LEWIS SOUTH AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

3/4/96

904-562/1817

Daytime Phone #

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