

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000836 (6)**

1. Corporation Name

NATIONAL SERVICE CO. OF IOWA, INC.

Principal Place of Business

**HIGHWAY 34 EAST
MT. PLEASANT IA 52641**

Mailing Address

**HIGHWAY 34 EAST
MT. PLEASANT IA 52641**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1994

3a. Date of Last Report

4. FEI Number

42-1356467

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**

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 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

Signature of holder or certified holder of registered agent and their approval

(Not) Registered Agent signature required when relinquishing

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
P	SYKES, RUSSELL	3725 GALWAY DR.	TALLAHASSEE FL 32308
VS	ROSS, TERRY	1832 249 ST.	MT. PLEASANT IA 52641
T	SWANSON, SHIRLEY	P.O. BOX 350 N/A	MT. PLEASANT IA 52641

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY ST ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY ST ZIP	Change	Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY ST ZIP	Change	Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY ST ZIP	Change	Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY ST ZIP	Change	Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY ST ZIP	Change	Addition

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)(b), 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 on an attachment with an address.

SIGNATURE:

Shirley Swanson, Treas
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHIRLEY SWANSON, TREASURER

4-10-95

919 355 2614