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Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000002174 (0)**

1. Corporation Name

ARGOS SUPPORT SERVICE COMPANY

Principal Place of Business

**12995 S CLEVELAND
SUITE 231
FT MYERS FL 33907
US**

Mailing Address

**12995 S CLEVELAND
231
FT. MYERS FL 33907-3809
US**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

26 **1550 No. NORWOOD DR**

27 ***100**

28 **HURST, TX**

29 **76054**

30 **TARRANT**

3. Date Incorporated or Qualified

04/27/1994

3a. Date of Last Report

06/19/1996

4. FEI Number

75-2475630

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

TIMOTHY DEWHIRST

82 Street Address (P.O. Box Number is Not Acceptable)

12995 SO. CLEVELAND

83 #

231

84 City

FT. MYERS

FL

85 Zip Code

33907

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

Timothy Dewhirst

4/9/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PC** ☐ DELETE

NAME **O'PRY SR., ANDREW**
STREET ADDRESS **1550 N. NORWOOD #100**
CITY-ST-ZIP **HURST TX**

TITLE **VSTD** ☒ DELETE

NAME **STONE, GARY**
STREET ADDRESS **1550 N. NORWOOD #100**
CITY-ST-ZIP **HURST TX**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition

1.2 NAME **DEWHIRST, TIMOTHY**
1.3 STREET ADDRESS **12995 SO. CLEVELAND #231**
1.4 CITY-ST-ZIP **FT MYERS, FL 33907**

2.1 TITLE **SECRETARY/TREASURER** ☐ Change ☒ Addition

2.2 NAME **O'PRY, JANE M.**
2.3 STREET ADDRESS **1550 NO. NORWOOD DRIVE #100**
2.4 CITY-ST-ZIP **HURST, TX 76054**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE:

Andrew O'Pry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 April 97

Date

817-282-3596

Daytime Phone #

CR2E034 (9/96)