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 PM 7:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004621 (8)**

1. Corporation Name

ROGUN SERVICES OF FLORIDA, INC.

900001486819
-05/15/95--01001--001
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
411 HAMILTON BLVD., STE 1900 PEORIA IL 61602-1136	411 HAMILTON BLVD., STE 1900 PEORIA IL 61602-1136

3. Date Incorporated or Qualified: 09/07/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 65-0514464	☐ Applied For ☐ Not Applicable
21	25		
Suite, Apt. #, etc.: 22 616K 18th St. Court	Suite, Apt. #, etc.: 27 407 NE Rock Island	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: 23 East Palmetto, FL	City & State: 28 Peoria, IL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 24 34221 Country: 25 Manatee	Zip: 29 61603 Country: 30 Peoria	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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name: SAME 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: CT Corporation System
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. * OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	11 TITLE	☐ Change ☐ Addition
NAME	ROGY, BRETT M	12 NAME	
STREET ADDRESS	*407 NE ROCK ISLAND	13 STREET ADDRESS	
CITY-ST-ZIP	PEORIA IL	14 CITY-ST-ZIP	
TITLE	VDAS	21 TITLE	☐ Change ☐ Addition
NAME	GUNTHER, RICHARD	22 NAME	
STREET ADDRESS	407 NE ROCK ISLAND	23 STREET ADDRESS	
CITY-ST-ZIP	PEORIA IL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	LAMB, JAMES D	32 NAME	
STREET ADDRESS	3404 68TH STREET WEST	33 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: x Brett M Rogy Brett Rogy x 4/30/95 30/681-1837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0400020 FN