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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000002423 (0)

1. Corporation Name

NATIONAL AUDIT SERVICES, INC.

Principal Place of Business

~~3290 C.E. COLONIAL DR.~~
~~SUITE 208~~
~~ORLANDO FL 32803~~

Mailing Address

P.O. BOX 2368
LAKE WALES FL 33859-2368



3. Date Incorporated or Qualified
05/17/1995

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

21 250 E. Park Avenue

Suite, Apt. #, etc.

22 City & State

23 Lake Wales, Florida

24 Zip 33853

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip

Country

30

4. FEI Number

59-3312315

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CORPAMERICA, INC.
1525 S. ANDREWS AVE., SUITE 216
FT. LAUDERDALE FL 33316

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BROOKS, ALLAN F
STREET ADDRESS 737 CARLTON AVE.
CITY-ST-ZIP LAKE WALES FL 33853

TITLE ~~VP~~
NAME ~~WUCHNER, JOHN W~~
STREET ADDRESS ~~256 E. CRYSTAL LAKE ST.~~
CITY-ST-ZIP ~~ORLANDO FL~~

TITLE STD
NAME BORGLUND, TERRY R
STREET ADDRESS 244 EAST PARK AVENUE
CITY-ST-ZIP LAKE WALES FL

TITLE D
NAME GILBERT, BRUCE J
STREET ADDRESS 1009 YARNELL
CITY-ST-ZIP LAKE WALES FL 33853

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William F. Brooks, President 1/10/97 (800) 989-7515

Date

Daytime Phone

0394646

CR2E034 (9/96)