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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:19

DOCUMENT # **H34804** **(5)**

1. Corporation Name
LOCATION SERVICES, INC.

Principal Place of Business	Mailing Address
PO BOX 55 ORLANDO FL 32802	PO BOX 55 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/18/1984**
3a. Date of Last Report: **03/01/1994**

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: **59-2476685** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 Country 25
Zip 29 Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAGID, SUSAN STRATES
10600 S. ORANGE AVE
ORLANDO FL 32824

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 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	MAGID, SUSAN STRATES	12 NAME	
STREET ADDRESS	10600 S ORNGE AVE SR 527	13 STREET ADDRESS	
CITY ST ZIP	TAFT FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	BEARD, KENNETH O.	22 NAME	
STREET ADDRESS	10600 S ORNGE AVE SR 527	23 STREET ADDRESS	
CITY ST ZIP	TAFT FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	STRATES, PHYLLIS R(AST S	32 NAME	
STREET ADDRESS	10600 S ORNGE AVE SR 527	33 STREET ADDRESS	
CITY ST ZIP	TAFT FL	34 CITY ST ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	STRATES, JAMES E	42 NAME	
STREET ADDRESS	10600 S ORNGE AVE SE 527	43 STREET ADDRESS	
CITY ST ZIP	TAFT FL	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	STRATES, SIBYL S	52 NAME	
STREET ADDRESS	10600 S ORNGE AVE	53 STREET ADDRESS	
CITY ST ZIP	TAFT FL	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: Sibyl C. Strates SIBYL S. STRATES 1-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR Date

0003643 CP