

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H34804 (5)

1. Corporation Name

LOCATION SERVICES, INC.

Principal Place of Business

PO BOX 55
ORLANDO FL 32802

Mailing Address

PO BOX 55
ORLANDO FL 32802-0055

3. Date Incorporated or Qualified

12/18/1984

3a. Date of Last Report

01/24/1996

4. FEI Number

59-2476685

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME MAGID, SUSAN STRATES
STREET ADDRESS 10600 S ORNGE AVE SR 527
CITY-ST-ZIP TAFT FLTITLE S ☒ DELETENAME BEARD, KENNETH O.
STREET ADDRESS 10600 S ORNGE AVE SR 527
CITY-ST-ZIP TAFT FLTITLE SD ☒ DELETENAME STRATES, PHYLLIS R(AST S
STREET ADDRESS 10600 S ORNGE AVE SR 527
CITY-ST-ZIP TAFT FLTITLE VP ☒ DELETENAME STRATES, JAMES E
STREET ADDRESS 10600 S ORNGE AVE SE 527
CITY-ST-ZIP TAFT FLTITLE AS ☒ DELETENAME STRATES, SIBYL S
STREET ADDRESS 10600 S ORNGE AVE
CITY-ST-ZIP TAFT FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☐ Change ☒ Addition1.2 NAME Strates, E. Jay
1.3 STREET ADDRESS 10600 S. Orange Ave.
1.4 CITY-ST-ZIP Taft, FL 328242.1 TITLE A S ☐ Change ☒ Addition2.2 NAME Strates, John E.
2.3 STREET ADDRESS 10600 S. Orange Ave.
2.4 CITY-ST-ZIP Taft, FL 328243.1 TITLE A S D ☒ Change ☐ Addition3.2 NAME Strates, Phyllis R.
3.3 STREET ADDRESS 10600 S. Orange Ave.
3.4 CITY-ST-ZIP Taft, FL 328244.1 TITLE VP D ☒ Change ☐ Addition4.2 NAME Strates, James E.
4.3 STREET ADDRESS 10600 S. Orange Ave.
4.4 CITY-ST-ZIP Taft, FL 328245.1 TITLE A S ☒ Change ☐ Addition5.2 NAME Doremus, Sibyl Strates
5.3 STREET ADDRESS 10600 S. Orange Ave.
5.4 CITY-ST-ZIP Taft, FL 328246.1 TITLE A S ☐ Change ☒ Addition6.2 NAME Strates, John E.
6.3 STREET ADDRESS 10600 S. Orange Ave.
6.4 CITY-ST-ZIP Taft, FL 32824

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:

E. Jay Strates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Jay Strates, Secretary

1-17-97

Date

Daytime Phone

CR2E034 (9/96)