SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 26 AM 9:11

DOCUMENT # **H73984** **(7)**

1. Corporation Name

EXECUTIVE PLANT SERVICES, INC.

Principal Place of Business	Mailing Address
1847 POWERS DR. ORLANDO FL 32818	1847 POWERS DR. ORLANDO FL 32818

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1985
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 6736 Sawmill Blvd	26 6736 Sawmill Blvd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Orlando, Fl	28 City & State: Orlando, FL
24 Zip: 32818 25 County: Orange	29 Zip: 32818 30 County: Orange

4. FEI Number: 59-2582996 ☐ 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	10. Name and Address of New Registered Agent
MEIER, MARVIN D. 1847 POWERS DR. ORLANDO FL 32808	81 Name: MASSA, TAMMY JO 82 Street Address (P.O. Box Number is Not Acceptable): 6736 SAWMILL BLVD 83 84 City: ORLANDO FL 85 Zip Code: 32818

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: Tammy Jo Massa 6-1-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when executing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition PD
NAME	~~MEIER, MARVIN D. AVP~~	12 NAME	MASSA, Tammy JO
STREET ADDRESS	~~1847 POWERS DR.~~	13 STREET ADDRESS	6736 SAWMILL BLVD
CITY ST ZIP	~~ORLANDO FL~~	14 CITY ST ZIP	Orlando, Fl 32818
TITLE	~~STD~~	21 TITLE	☑ Change ☐ Addition STD
NAME	~~MASSA, TAMMY JO~~	22 NAME	MASSA, Victor SCOTT
STREET ADDRESS	~~11 ROSE BERRY~~	23 STREET ADDRESS	6736 SAWMILL BLVD
CITY ST ZIP	~~OCEE FL~~	24 CITY ST ZIP	Orlando, Fl 32818
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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	

CR2E034 (3/95)

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)(k), 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: Tammy Jo Massa 6-1-95 941-3195 Bus.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0134020 FP