

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 02 1996 8:00 am
Secretary of State

DOCUMENT # H86736 (6)

1. Corporation Name

PROPSYCH SERVICES, INC.

Principal Place of Business

Mailing Address

18167 US HIGHWAY 19 NORTH
SUITE 400
CLEARWATER FL 34624

18167 US HIGHWAY 19 NORTH
SUITE 400
CLEARWATER FL 34624

2. Principal Place of Business

2a. Mailing Address

21 18167 US Hwy 19 N

26 18167 US Hwy 19 N

Suite, Apt #, etc

Suite, Apt #, etc

22 Suite 580

27 Suite 580

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

Zip

Country

Zip

Country

24 34624

25 Pinellas

29 34624

30 Pinellas

9. Name and Address of Current Registered Agent

KALE, WILLIAM L
18167 U.S. HIGHWAY 19 NORTH
SUITE 400
CLEARWATER FL 34624

3. Date Incorporated or Qualified

11/25/1985

3a. Date of Last Report

10/18/1995

4. FEI Number

59-2599265

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

18167 US Hwy 19 N

83

Suite 580

84

City Clearwater

FL

85 Zip Code

34624

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 the applicable

(If not, Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE VD
NAME KIRK, ROBIN
STREET ADDRESS 8706 BAYCREST LANE
CITY - ST - ZIP TAMPA FL 33614 ☒ DELETE

TITLE PD
NAME KALE, WILLIAM L.
STREET ADDRESS 4937 TURLE CREEK TRAIL
CITY - ST - ZIP OLDSMAR FL 34677 ☐ DELETE

TITLE SD
NAME TOMS, JOHN G.
STREET ADDRESS 7930 BAY POINTE DRIVE #C34
CITY - ST - ZIP TAMPA FL 33615 ☐ DELETE

TITLE T
NAME BONA, JOE
STREET ADDRESS 837 S DAKOTA
CITY - ST - ZIP TAMPA FL 33606 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Vice President ☒ Change ☐ Addition
12 NAME Nancy Simons
13 STREET ADDRESS 2462 King Fisher Lane, J-103
14 CITY - ST - ZIP Clearwater, FL 34622 ☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP ☐ Change ☐ Addition

51 TITLE Chief Executive Officer ☐ Change ☒ Addition
52 NAME David Stenmark
53 STREET ADDRESS 360 8th Ave N - Unit #2
54 CITY - ST - ZIP Tierra Verde, FL 33715 ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP ☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William L. Kale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/96

813-539-7011
Date Filed

CR2E034 (3/96)