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

APPROVED AND FILED

95 APR -7 AM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J21458 (1)

1. Corporation Name

SHARED BUSINESS SERVICES, INC.

Principal Place of Business	Mailing Address
% JOHN O. JACOBY 663 SIXTH AVENUE SOUTH ST. PETERSBURG FL 33701	% JOHN O. JACOBY 663 SIXTH AVENUE SOUTH ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1986
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2691926 ☐ 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

JACOBY, JOHN O.
663 SIXTH AVENUE SOUTH
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: WARREN K. AUSTIN, PRESIDENT
82 Street Address (P.O. Box Number is Not Acceptable): 663 SIXTH AVENUE SOUTH
83
84 City: ST PETERSBURG, FL 85 Zip Code: 33701

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: Warren K. Austin — March 28, 1995
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	PRESIDENT	[X] Change ☐ Addition
NAME	JACOBY, JOHN O.	12 NAME	AUSTIN, WARREN K.	
STREET ADDRESS	663 SIXTH AVENUE SOUTH	13 STREET ADDRESS	663 SIXTH AVENUE SOUTH	
CITY ST ZIP	ST. PETERSBURG FL	14 CITY ST ZIP	ST PETERSBURG, FL 33701	
TITLE	VSD	21 TITLE	VICE PRESIDENT	[X] Change ☐ Addition
NAME	JACOBY, ANNETTE	22 NAME	JACOBY, JOHN O.	
STREET ADDRESS	663 SIXTH AVENUE SOUTH	23 STREET ADDRESS	663 SIXTH AVENUE SOUTH	
CITY ST ZIP	ST. PETERSBURG FL	24 CITY ST ZIP	ST. PETERSBURG,FL 33701	
TITLE	VD	31 TITLE	SECY/TREASURER	☐ Change [X] Addition
NAME	AUSTIN, WARREN	32 NAME	AUSTIN, CARLA D.	
STREET ADDRESS	663 SIXTH AVE. S.	33 STREET ADDRESS	663 SIXTH AVENUE SOUTH	
CITY ST ZIP	ST. PETERSBURG FL	34 CITY ST ZIP	ST PETERSBURG, FL 33701	
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		

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: Carla D. Austin — 03/28/95 — 813-823-890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Carla D. Austin, Secretary/Treasurer

0306884 CP