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 MAY -1 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J51294 (3)

1. Corporation Name
STAUFFER SPECIAL SERVICES, INC.

Principal Place of Business	Mailing Address
284 PARK AVENUE NORTH WINTER PARK FL 32789 US	284 PARK AVENUE NORTH WINTER PARK FL 32789 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1987
3a. Date of Last Report: 05/25/1994

2. Principal Place of Business
21 140 ROANN DRIVE
Suite, Apt. #, etc. 22
City & State 23 OVIEDO, FL
Zip 24 32765-8758 Country 25 USA

2a. Mailing Address
26 140 ROANN DRIVE
Suite, Apt. #, etc. 27
City & State 28 OVIEDO, FL
Zip 29 32765-8758 Country 30 USA

4. FEI Number: 59-2767275 ☐ 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

STAUFFER ROBERT L
284 PARK AVENUE NORTH
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name: ROBERT L. STAUFFER
82 Street Address (P.O. Box Number is Not Acceptable): 140 ROANN DRIVE
83
84 City: OVIEDO FL 05 Zip Code: 32765-8758

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: Robert L Stauffer ROBERT L. STAUFFER 4/28/95
(Signature of or printed name of registered agent or officer, if applicable) (NOTE: Registered Agent signature required when name changes) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	STAUFFER, ROBERT L.	12 NAME	DP
STREET ADDRESS	284 PARK AVENUE NORTH	13 STREET ADDRESS	STAUFFER, ROBERT L.
CITY ST ZIP	WINTER PARK FL 32789	14 CITY ST ZIP	140 ROANN DRIVE OVIEDO, FL 32765-8758
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
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	

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: Robert L Stauffer President/Director 4/28/95 4073645698
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT L. STAUFFER

DO47302 CP