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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 MAR 30 AM 7:51

DOCUMENT # **J51641** **(5)**

1. Corporation Name
FEE FOR SERVICE, INC.

Principal Place of Business	Mailing Address
2200 NORTH LOIS AVE. STE. 814 TAMPA FL 33607	5401 W KENNEDY BLVD STE 560 TAMPA FL 33609 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/09/1987	3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21 5401 W. Kennedy Blvd.	2a. Mailing Address 26	4. FEI Number 59-2793921	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Suite 560	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Tampa, FL	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33609 Country 25 Hills.	Zip 29 Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

WINGE, JAMES M.
2203 N. LOIS AVE.
SUITE 814
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name: Keith J. Maurer
82 Street Address (P.O. Box Number is Not Acceptable): 5401 W. Kennedy Blvd.
83 Suite 560
84 City: Tampa **FL** 85 Zip Code: 33609

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: Keith J. Maurer Keith J. Maurer, President 3-27-95
(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	VP	11 TITLE	DC XX Change ☐ Addition
NAME	WINGE, JAMES M.	12 NAME	James M. Winge
STREET ADDRESS	2203 N. LOIS AVE. #814	13 STREET ADDRESS	5401 W. Kennedy Blvd., Suite 560
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, FL 33609
TITLE	PD	21 TITLE	PD XX Change ☐ Addition
NAME	MAURER, KEITH	22 NAME	Keith J. Maurer
STREET ADDRESS	2203 N LOIS AVE #814	23 STREET ADDRESS	5401 W. Kennedy Blvd., Suite 560
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Tampa, FL 33609
TITLE		31 TITLE	ST ☐ Change XX Addition
NAME		32 NAME	Judith R. Maurer
STREET ADDRESS		33 STREET ADDRESS	5401 W. Kennedy Blvd., Suite 560
CITY-ST-ZIP		34 CITY-ST-ZIP	Tampa, FL 33609
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.

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SIGNATURE: Keith J. Maurer Keith J. Maurer, President 3-27-95 286-6571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #