

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90115 029 \*\*\*158.75

DOCUMENT # J51641

1. Corporation Name

FEE FOR SERVICE, INC.

Principal Place of Business

5401 W KENNEDY BLVD  
STE 560  
TAMPA FL 33609  
US

Mailing Address

5401 W KENNEDY BLVD  
STE 560  
TAMPA FL 33609  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1987

4. FEI Number

59-2793921

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 4002 EISENHOWER BLVD  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 21285  
Suite, Apt. #, etc.

23 TAMPA FL  
City & State

28 TAMPA FL  
City & State

24 33634 25 US  
Zip Country

29 33622 30 US  
Zip Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ATT  
NAME SCHULMAN, GARY J  
STREET ADDRESS 260 LONG RIDGE RD.  
CITY-ST-ZIP STAMFORD CT

☐ DELETE

TITLE PD  
NAME MAURER, KEITH  
STREET ADDRESS 5401 W. KENNEDY BLVD. STE 560  
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE V  
NAME MAURER, JUDITH R.  
STREET ADDRESS 5401 W. KENNEDY BLVD. STE 560  
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE VTS TREASURER + SECRETARY  
NAME SCHMIEDER, MARK J  
STREET ADDRESS 5401 W KENNEDY BLVD, STE 560  
CITY-ST-ZIP TAMPA FL 33609

☐ 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

1.1 TITLE DIRECTOR + President  
1.2 NAME W. Christian Shumate, Sr.  
1.3 STREET ADDRESS 4002 EISENHOWER BLVD  
1.4 CITY-ST-ZIP TAMPA FL 33634

☐ Change

☒ Addition

2.1 TITLE ASST SECRETARY  
2.2 NAME JILL E MACNEIL  
2.3 STREET ADDRESS 4002 EISENHOWER BLVD  
2.4 CITY-ST-ZIP TAMPA FL 33634

☐ Change

☒ Addition

3.1 TITLE VICE PRESIDENT  
3.2 NAME DAVID REEDY  
3.3 STREET ADDRESS 4002 EISENHOWER BLVD  
3.4 CITY-ST-ZIP TAMPA FL 33634

☐ Change

☒ Addition

4.1 TITLE VICE PRESIDENT  
4.2 NAME WILLIAM G. STUTZ  
4.3 STREET ADDRESS 4002 EISENHOWER BLVD  
4.4 CITY-ST-ZIP TAMPA FL 33634

☐ Change

☒ Addition

5.1 TITLE TREASURER + SECRETARY  
5.2 NAME MARK J. SCHMIEDER  
5.3 STREET ADDRESS 4002 EISENHOWER BLVD.  
5.4 CITY-ST-ZIP TAMPA FL 33634

☒ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)