

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J73831** (6)
1. Corporation Name
FLORIDA SCREEN SERVICES, INC.



Principal Place of Business
**869 WATERWAY PLACE
LONGWOOD FL 32750**

Mailing Address
**869 WATERWAY PLACE
LONGWOOD FL 32750**

3. Date Incorporated or Qualified
05/18/1987

3a. Date of Last Report
06/20/1995

4. FEI Number
59-2817240

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

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

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

9. Name and Address of Current Registered Agent

**ADKINS, GILBERT E.
869 WATERWAY PL.
LONGWOOD FL 32750**

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 of person being changed or of registered agent and the corporation

DATE Registered Agent signature required when replacing

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	ADKINS, GILBERT E.	☐ DELETE
NAME		1208 CHICHESTER STREET	
STREET ADDRESS		ORLANDO FL	
CITY-ST-ZIP			
TITLE	STD	ADKINS, LINDA S.	☐ DELETE
NAME		1208 CHICHESTER STREET	
STREET ADDRESS		ORLANDO FL	
CITY-ST-ZIP			
TITLE	V	SMITH, LAWRENCE W.	☐ DELETE
NAME		1580 CARMONA CT	
STREET ADDRESS		DELTONA FL	
CITY-ST-ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	8410 RAMBLING RIVER DR.
1.4 CITY-ST-ZIP	SANFORD, FL 32771
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	8410 RAMBLING RIVER DR.
2.4 CITY-ST-ZIP	SANFORD, FL 32771
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

Linda S. Adkins LINDA S. ADKINS

4/24/96

(407) 339-8589

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)