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 19 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J96355** **(9)**

1. Corporation Name
RECORDS MANAGEMENT SYSTEMS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
311 E. GEORGIA AVE. LONGWOOD FL 32750	311 E. GEORGIA AVE. LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/05/1987
3a. Date of Last Report: 02/10/1994

2. Principal Place of Business	2a. Mailing Address
21 501 Central Park Drive	26 501 Central Park Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Sanford, FL	28 Sanford, FL 3
24 Zip 32771 25 Country U.S.	29 Zip 32771 30 Country US

4. FEI Number: 59-2834233 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOKEY, JOHN A. 311 E. GEORGIA AVE. LONGWOOD, FL FL 32750	81 Name: Lokey John A. 82 Street Address (P.O. Box Number is Not Acceptable): 501 Central Park Dr. 83 84 City: Sanford, FL 85 Zip Code: 32771

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: John Alan Lokey, Owner
Signature, typed or printed name of registered agent and title if applicable — NOTE: Required if appointment as registered agent is changed — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	LOKEY, JOHN A.	1.2 NAME	
STREET ADDRESS	6381 MURRAY COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	LOKEY, AMY D.	2.2 NAME	
STREET ADDRESS	6381 MURRAY COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: John Alan Lokey, Owner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

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