

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

3-10-95 8-1999
CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 8:48

DO NOT WRITE IN THIS SPACE.

DOCUMENT # K01483 (2)
1. Corporation Name
FLORIDA RECORDS CENTER, INC.

Principal Place of Business Mailing Address
C/O ARNOLD M. GRUNDAL 1747 NORTHGATE BLVD.
1747 NORTHGATE BLVD. SARASOTA FL 34234
SARASOTA FL 34234 US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 28 Zip 29 Country 30

3. Date Incorporated or Qualified 3a. Date of Last Report
11/06/1987 03/29/1994
4. FEI Number Applied For
65-0010192 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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
CROY, LARRY E.
2100 S. TAMiami TRAIL
SARASOTA FL 34239

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 re-registering) DATE

12. OFFICERS AND DIRECTORS
TITLE D
NAME CROY, LARRY E.
STREET ADDRESS 2100 S TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL
TITLE D
NAME MOORE, ROBERT M.
STREET ADDRESS P.O. BOX N/A
CITY-ST-ZIP LAKEVILLE MN
TITLE D
NAME MOORE, ROBERT E.
STREET ADDRESS 2100 S TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
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 110.07(3)(b), 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 amendment with an address.

SIGNATURE: *Robert M. Moore* 3/6/95 1-800-328-4577
SIGNATURE AND TYPED OR PRINTED NAME OF BRINKING OFFICER OR DIRECTOR
ROBERT M. MOORE