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 MAY -1 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K05250 (1)

1. Corporation Name
PIA SERVICES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1390 TIMBERLANE ROAD TALLAHASSEE FL 32312	1390 TIMBERLANE ROAD TALLAHASSEE FL 32312

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/03/1987
3a. Date of Last Report: 08/10/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2859745 ☐ 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

9. Name and Address of Current Registered Agent

MOCK, KATHLEEN M.
1390 TIMBERLANE RD.
TALLAHASSEE FL 32312

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: Kathleen Mock — Kathleen Mock — 4/28/95
(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	D	11 TITLE		☐ Change ☐ Addition
NAME	MOCK, KATHLEEN M	12 NAME		
STREET ADDRESS	1390 TIMBERLANE RD.	13 STREET ADDRESS		
CITY ST ZIP	TALLAHASSEE FL 32312	14 CITY ST ZIP		
TITLE	P	21 TITLE	D	☒ Change ☐ Addition
NAME	O'ROURKE, EDWARD H	22 NAME		
STREET ADDRESS	P.O. BOX 3260 N/A	23 STREET ADDRESS		
CITY ST ZIP	OCALA FL 32678	24 CITY ST ZIP		
TITLE	EVP	31 TITLE		☒ Change ☐ Addition
NAME	TODD, IMO K	32 NAME		
STREET ADDRESS	1165 NORTHCHASE PARKWAY #140	33 STREET ADDRESS	3103 Roswell Road SteN149	
CITY ST ZIP	MARIETTA GA 30067	34 CITY ST ZIP	Marietta, GA 30068	
TITLE	D	41 TITLE	S/T/D	☒ Change ☐ Addition
NAME	COBLENTZ, LAURENCE	42 NAME	Brian Marino	
STREET ADDRESS	2222 CLEVELAND AVE.	43 STREET ADDRESS	21459 NW 2nd AVe	
CITY ST ZIP	FT. MYERS FL 33901	44 CITY ST ZIP	Miami, FL 33169	
TITLE	D	51 TITLE	V	☒ Change ☐ Addition
NAME	PARK, GERALD	52 NAME	Tim Shaw	
STREET ADDRESS	P.O. BOX 810999	53 STREET ADDRESS	1635 Colonial Blvd	
CITY ST ZIP	BOCA RATON FL 33481	54 CITY ST ZIP	Ft Myers, FL 33907	
TITLE	D	61 TITLE	P	☒ Change ☐ Addition
NAME	VANCURA, JOSEPH L	62 NAME		
STREET ADDRESS	5955 PONCE DE LEON BLVD., STE. 101	63 STREET ADDRESS		
CITY ST ZIP	CORAL GABLES FL 33146	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.

SIGNATURE: Imo K Todd — 4/26/95 — (904) 893-8245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

Imo K Todd

0026001 CP