

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

12/03/1987

3a. Date of Last Report

05/01/1995

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

10. Name and Address of New Registered Agent

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

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

Signature typed or printed name of registered agent and title if applicable

Kathleen Mock

(NOTE: Registered Agent signature required when reinstating)

6/17/96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MOCK, KATHLEEN M
STREET ADDRESS 1390 TIMBERLANE RD.
CITY - ST - ZIP TALLAHASSEE FL 32312

TITLE D ☐ DELETE
NAME O'ROURKE, EDWARD H
STREET ADDRESS P.O. BOX 3260 N/A
CITY - ST - ZIP OCALA FL

TITLE EVP ☒ DELETE
NAME TODD, IMO K
STREET ADDRESS 3103 ROSWELL ROAD, STE N149
CITY - ST - ZIP MARIETTA GA

TITLE STD ☐ DELETE
NAME MARINO, BRIAN
STREET ADDRESS 21459 NW 2ND AVENUE
CITY - ST - ZIP MIAMI FL

TITLE V ☐ DELETE
NAME SHAW, TIM
STREET ADDRESS 1635 COLONIAL BLVD
CITY - ST - ZIP FT. MYERS FL

TITLE P ☐ DELETE
NAME VANCURA, JOSEPH L
STREET ADDRESS 5955 PONCE DE LEON BLVD., STE. 101
CITY - ST - ZIP CORAL GABLES FL

11 TITLE EVP ☐ Change ☒ Addition
12 NAME HAROLD MARSOLAK
13 STREET ADDRESS 1833 HALSTEAD
14 CITY - ST - ZIP TALLAHASSEE FL 32306

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE D ☒ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathleen Mock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/96

(904) 893-8245

CR2E034 (3/96)