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Apr 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
1390 TIMBERLANE ROAD  
TALLAHASSEE FL 32312

Mailing Address  
1390 TIMBERLANE ROAD  
TALLAHASSEE FL 32312-1766



|                                |  |                        |  |   |  |                                       |  |
|--------------------------------|--|------------------------|--|---|--|---------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br>12/03/1987   |  | 3a. Date of Last Report<br>08/07/1996 |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br>59-2859745   |  | Applied For<br>Not Applicable         |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required        |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   |  | \$5.00 May Be Added to Fees           |  |
| 24 Country                     |  | 29 Country             |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Harold Marsolais  
82 Street Address (P.O. Box Number is Not Acceptable)  
1390 Timberlane Road  
83  
84 City Tallahassee FL 85 Zip Code 32312

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 *Harold Marsolais* Harold Marsolais EVP 4/3/97  
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MOCK, KATHLEEN M                             | 1.2 NAME  |   |
| STREET ADDRESS             | 1390 TIMBERLANE RD.                          | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TALLAHASSEE FL 32312                         | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | O'ROURKE, EDWARD H                           | 2.2 NAME  |   |
| STREET ADDRESS             | P.O. BOX 3280 N/A                            | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | OCALA FL                                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | EVP <input type="checkbox"/> DELETE          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MARSOLAIS, HAROLD                            | 3.2 NAME  |   |
| STREET ADDRESS             | 1833 HALSTEAD                                | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | TALLAHASSEE                                  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | STD <input type="checkbox"/> DELETE          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MARINO, BRIAN                                | 4.2 NAME  |   |
| STREET ADDRESS             | 21459 NW 2ND AVENUE                          | 4.3 STREET ADDRESS                                    |   |