## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

## **FILED** Feb 18 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # K56928 (0)LONG'S SERVICES, INC. Principal Place of Business Mailing Address 1 AIR TERMINAL PKWY P.O. BOX 2252 MELBOURNE FL 32902-2252 MELBOURNE FL 32901 3. Date Incorporated or Qualified 3a. Date of Last Report 01/04/1989 03/28/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2935512 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 25 29 30 24 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent LONG, A.B. 114 SAN PAULO CIR 82 Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32902 83 84 City 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, typed or printed famili of registered agen; and title if applicable (NCTL: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE Change Addition 1 1 THUE TITLE LONG, A.B. 1.2 NAME NAME 114 SAN PAULO CIRCLE 1.3 STREET ADDRESS STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 1.4 City - St - 2IP DELETE Change Addition 2.1 TITUS LONG, SHAFFIE B. 2.2 NAME 114 SAN PAULO CIRCLE STREET ADDRESS 2.3 STREET ADDRESS MELBOURNE FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TILE 3.1 DDE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY\_ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TI31 F TITLE 5.2 NAME STREET AUDRESS 5.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filling 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 ham 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.

5.4 CITY - ST - ZIF

6.3 STREET ADDRESS

61 TITLE 6.2 NAME Change

Addition

DELETE

SIGNATURE:

CITY - ST - 7IP

STREET ADDRESS

CITY - ST - ZIP

TITLE