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 APR 25 AM 7:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L10435** **(0)**

1. Corporation Name
SALES & SERVICE SPECIALISTS, INC.

Principal Place of Business	Mailing Address
1135 RPBERT RODGE CT STE 1 KISSIMMEE FL 34747 US	P.O. BOX 619495 ORLANDO FL 32869 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/18/1989
3a. Date of Last Report: 06/01/1994

2. Principal Place of Business — 21: 1135 Robert Ridge Ct
2a. Mailing Address — 26: P O Box 691495

4. FEI Number: 59-2972462 ☐ Applied For ☐ Not Applicable

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

23 City & State: Kissimmee FL
28 City & State: ORLANDO FL

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 Zip: 34747 25 Country: US
29 Zip: 32869 30 Country: US

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MURRAY, DONNA ZU
1135 ROBERT RIDGE CT
KISSIMMEE FL 34746

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: 34747

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☒ Change ☐ Addition
NAME	MURRAY, JAMES I.C.	12 NAME	
STREET ADDRESS	2907 ASHEBROOK DRIVE	13 STREET ADDRESS	2610 LONGBOAT CT N
CITY-ST-ZIP	MARIETTA GA	14 CITY-ST-ZIP	Ponte Vedra Beach FL 32082
TITLE	P	21 TITLE	☐ Change ☒ Addition
NAME	MURRAY, DONNA	22 NAME	
STREET ADDRESS	1135 ROBERT RIDGE CT	23 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	24 CITY-ST-ZIP	34747
TITLE	VP	31 TITLE	☒ Change ☐ Addition
NAME	SABIN, JULIE	32 NAME	
STREET ADDRESS	#1005	33 STREET ADDRESS	10749 Cypress Lake Terrace
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	BOCA RATON FL 33498
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julie Sabin JULIE SABIN — 4/19/95 — 305 841 8998
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
407 396 6274

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