

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **L24862** (9)

1. Corporation Name

BUSINESS MANAGEMENT SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 AM 11:52

Principal Place of Business

**2150 CHARTER OAK CIRCLE
CLEARWATER FL 34624**

Mailing Address

**2450 CHARTER OAK CIRCLE
CLEARWATER FL 34624**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/23/1989	3a. Date of Last Report 03/24/1994
4. FEI Number 59-2972703	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	

2. Principal Place of Business

21 4131 Kirkaldy Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 4131 Kirkaldy Dr.
Suite, Apt. #, etc.

City & State

23 Palm Harbor, FL

City & State

28 Palm Harbor, FL

Zip

24 34685

Country

25 Finellas

Zip

29 34685

Country

30 Finellas

9. Name and Address of Current Registered Agent

**WELSH, KATHRYN MARIE P.A.
2575 ULMERTON RD
#301
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2861 Executive Drive
83 #200
84 City
Clearwater
FL
85 Zip Code
34622

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

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
DPS
NAME
HAMILTON, LOWELL B.
STREET ADDRESS
2450 CHARTER OAK CIRCLE
CITY - ST - ZIP
CLEARWATER FL

TITLE
DVT
NAME
HAMILTON, MARY E.
STREET ADDRESS
2450 CHARTER OAK CIRCLE
CITY - ST - ZIP
CLEARWATER FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**4131 Kirkaldy Dr.
Palm Harbor, FL 34685**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**4131 Kirkaldy Dr.
Palm Harbor, FL 34685**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(b), 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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **Mary E. Hamilton**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-95 **813-940-2345**
Date Telephone