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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 2:10

DOCUMENT # **L25288** **(6)**

1. Corporation Name
REP SERVICES, INC.

Principal Place of Business	Mailing Address
%LINDA D. SCHOONOVER, ESQ. 251 MAITLAND AVE., SUITE 216 ALTAMONTE SPRINGS FL 32701	C/O LINDA D. SCHOONOVER, ESQUIRE 230 LOOKOUT PLACE, STE. 200 MAITLAND FL 32751 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/19/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 REP SERVICES, INC	26 REP SERVICES, INC.
Suite, Apt. #, etc. 22 305 ALLISON AVE.	Suite, Apt. #, etc. 27 305 ALLISON AVE.
City & State 23 LONGWOOD, FL	City & State 28 LONGWOOD, FL
Zip / Country 24 32750-6306 25 USA	Zip / Country 29 32750-6306 30 USA

4. FEI Number: **59-2978507** ☐ 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. 199.052, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHOONOVER, LINDA D ESQ
~~251 MITLAND AVE., SUITE 216~~
~~ALTAMONTE SPRINGS FL 32701~~

10. Name and Address of New Registered Agent

81 Name: LINDA D SCHOONOVER - PA
82 Street Address (P.O. Box Number is Not Acceptable): 390 STATE ROAD 434 - W STE 200
83
84 City: LONGWOOD **FL** 85 Zip Code: 32750-5167

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: Linda D Schoonover 3/24/95
(Typed or printed name of registered agent and title if corporation) (DATE: Registered Agent's signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	ALMON, J T II	12 NAME	
STREET ADDRESS	305 ALLISON AVE	13 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	ALMON, LEDONNA H	22 NAME	
STREET ADDRESS	305 ALLISON AVE	23 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
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/We 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)(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 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: John Thomas Almon II
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
John Thomas Almon II

407-831-9658 (Area Code & Daytime Phone Number) 3-11-95 (Date)

0041024 CP