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 26 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L44143** **(0)**

1. Corporation Name
EMPLOYERS CONTRACT SERVICES OF ORLANDO, INC.

Principal Place of Business	Mailing Address
C/O JOHN T. LEHOR 300 CROOKED OAK COURT LONGWOOD FL 32779	C/O JOHN T. LEHOR 300 CROOKED OAK COURT LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/18/1990
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business
21: 247 MALAGA AVE
22: Suite, Apt. #, etc.
23: City & State: CORAL GABLES FL
24: Zip: 33134
25: Country: U.S.A

2a. Mailing Address
26: 247 MALAGA AVE
27: Suite, Apt. #, etc.
28: City & State: CORAL GABLES FL
29: Zip: 33134
30: Country: U.S.A.

4. FEI Number: 59-3010024 ☐ 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

9. Name and Address of Current Registered Agent

LEHOR, JOHN T.
300 CROOKED OAK COURT
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name: LEHOR GEORGE A
82 Street Address (P.O. Box Number is Not Acceptable): 247 MALAGA AVE
83:
84 City: CORAL GABLES FL 85 Zip Code: 33134

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: GEORGE A LEHOR P.D. 4-1-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 42		
TITLE	DP	11 TITLE	PD	☑ Change ☐ Addition
NAME	LEHOR, JOHN T.	12 NAME	LEHOR, GEORGE A	
STREET ADDRESS	300 CROOKED OAK COURT	13 STREET ADDRESS	6910 SUNRISE CT.	
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP	CORAL GABLES FL. 33133	
TITLE	V	21 TITLE	TD	☑ Change ☐ Addition
NAME	LEHOR, MERL	22 NAME	LEHOR, GERALDINE L	
STREET ADDRESS	300 CROOKED OAK CT	23 STREET ADDRESS	6910 SUNRISE CT.	
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP	CORAL GABLES FL 33133	
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 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: GEORGE LEHOR 4-1-95 305-448-4213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

044143 CP