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 JAN 17 AM 11:29

DOCUMENT # **L44527** **(4)**

1. Corporation Name
TIGER OFFICE SERVICES, INC.

Principal Place of Business	Mailing Address
2 OFFICE PARK DR SUITE A PALM COAST FL 32137	2 OFFICE PARK DR SUITE A PALM COAST FL 32137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/18/1990**
3a. Date of Last Report: **01/19/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-3001605** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$6.75** Additional Fee Required

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

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

9. Name and Address of Current Registered Agent

PATTERSON, JUDITH G.
2 OFFICE PARK DR
SUITE A
PALM COAST FL 32137

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

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	11 TITLE		☐ Change ☒ Addition
NAME	PATTERSON, JUDITH G.	12 NAME		
STREET ADDRESS	6 CHINOOK CT	13 STREET ADDRESS		
CITY ST ZIP	PALM COAST FL	14 CITY ST ZIP	32137	
TITLE	D	21 TITLE		☐ Change ☒ Addition
NAME	PATTERSON, JUDITH G.	22 NAME		
STREET ADDRESS	6 CHINOOK CT	23 STREET ADDRESS		
CITY ST ZIP	PALM COAST FL	24 CITY ST ZIP	32137	
TITLE	D	31 TITLE		☐ Change ☒ Addition
NAME	PATTERSON, RANDALL E.	32 NAME		
STREET ADDRESS	6 CHINOOK CT	33 STREET ADDRESS		
CITY ST ZIP	PALM COAST FL	34 CITY ST ZIP	32137	
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 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: _____ 1/10/95 904 445-6696
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0012378 CP