

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L47935 (6)

1. Corporation Name

REFERRAL SERVICE, INC.



Principal Place of Business

4416 N MANHATTAN AVE
TAMPA FL 33614

Mailing Address

4416 N MANHATTAN AVE
TAMPA FL 33614

3. Date Incorporated or Qualified
01/31/1990

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21 6802 W. Hillsborough

26 6802 W. Hillsborough

4. FEI Number

59-3102966

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 5

27 Suite 5

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Tampa

28 Tampa

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33634

25 USA

29 33634

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANNY, ALICE E
201 E SHORE DR
OLDSMAR FL 34677

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 Alice E. MANNY, Alice E. Manny

1-24-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME MANNY, ALICE E.
STREET ADDRESS 201 E SHORE DR
CITY-STATE-ZIP OLDSMAR FL

1.2 TITLE ☐ DELETE

NAME MANNY, ALICE E
STREET ADDRESS 201 E SHORE DR
CITY-STATE-ZIP OLDSMAR FL

1.3 TITLE ☐ DELETE

NAME MANNY, ALICE E
STREET ADDRESS 201 E SHORE DR
CITY-STATE-ZIP OLDSMAR FL

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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: Alice E. MANNY, Alice E. Manny 1-24-96 (813) 882-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)