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 # **L56074** **(2)**

1. Corporation Name
PRO-TEM SERVICES, INC.

Principal Place of Business	Mailing Address
C/O WALTER NEAL REEVES 5001 W LEMON ST #100 TAMPA FL 33609-1103 US	C/O WALTER NEAL REEVES 5001 W LEMON ST #100 TAMPA FL 33609-1103 US

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

3. Date Incorporated or Qualified: 03/06/1990
3a. Date of Last Report: 04/07/1995
4. FEI Number: 59-2998837 ☐ 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**

REEVES, WALTER NEAL
15950 ADOBE DRIVE
HUDSON FL 34667

10. **Name and Address of New Registered Agent**

81 Name: REEVES, WALTER NEAL
82 Street Address (P.O. Box Number is Not Acceptable): 1620 WOODFIELD CT.
83
84 City: LUTZ FL 85 Zip Code: 33549

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: *Walter N. Reeves* WALTER N. REEVES, PRESIDENT DATE: 1-26-95

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	PTD	☒ Change ☐ Addition
NAME	REEVES, WALTER NEAL		1.2 NAME	REEVES, WALTER NEAL	
STREET ADDRESS	15950 ADOBE DR.		1.3 STREET ADDRESS	1620 WOODFIELD COURT	
CITY-ST-ZIP	HUDSON FL		1.4 CITY-ST-ZIP	LUTZ FL 33549	
TITLE	VSD	☐ DELETE	2.1 TITLE	VSD	☒ Change ☐ Addition
NAME	REEVES, ELAINE ELLEN		2.2 NAME	REEVES, ELAINE ELLEN	
STREET ADDRESS	15950 ADOBE DR.		2.3 STREET ADDRESS	1620 WOODFIELD COURT	
CITY-ST-ZIP	HUDSON FL		2.4 CITY-ST-ZIP	LUTZ FL 33549	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 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: *Walter N. Reeves* WALTER N. REEVES — 1-26-95 — (813) 281-0118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Day Phone #

CR2E034 (12/95)