**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 18 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M65647** **(3)**

1. Corporation Name
**ALL-STATES LICENSING SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % MARY SUE PICKETT<br>900 MISSION RD., P.O. BOX 950<br>NEW SMYRNA BEACH FL 32170 | % MARY SUE PICKETT<br>900 MISSION RD., P.O. BOX 950<br>NEW SMYRNA BEACH FL 32170 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/25/1988**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business (21): 
2a. Mailing Address (26): 
Suite, Apt. #, etc (22): 
Suite, Apt. #, etc (27): 
City & State (23): 
City & State (28): 
Zip (24): Country (25): 
Zip (29): Country (30): 

4. FEI Number: **59-2868558** ☐ 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

**PICKETT, MARY SUE**
**900 MISSION RD.**
**NEW SMYRNA BEACH FL**

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 _____ DATE
Signature of typed or printed name of registered agent and title if applicable (FOR Registered Agent signature required when mandatory)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | PICKETT, PAUL M. | 1.2 NAME | |
| STREET ADDRESS | 900 MISSION ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | VTS | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | PICKETT, MARY SUE | 2.2 NAME | |
| STREET ADDRESS | 900 MISSION ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW SMYRNA BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 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)(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:** Mary Sue Pickett Sec'y/Treas 4-15-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012003 CP