

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M82535 (9)

1. Corporation Name

SOUTHBORO BUSINESS SERVICES, INC.



Principal Place of Business

Mailing Address

% JOHN P. WAKEMAN
10628 VALENTINE ROAD NORTH
TALLAHASSEE FL 32311

% JOHN P. WAKEMAN
10628 VALENTINE ROAD NORTH
TALLAHASSEE FL 32311

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

County

28

Zip

Country

24

9. Name and Address of Current Registered Agent

29

30

WAKEMAN, JOHN P.
10625 VALENTINE ROAD, NORTH
TALLAHASSEE FL 32311

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 607.0102 and 607.1505, 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

Signature of Registered Agent or Director

Signature of Agent or Director

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	OPT	WAKEMAN, JOHN P.	10628 VALENTINE RD NORTH TALLAHASSEE FL	☐ DELETE			
	DVS	WAKEMAN, JANE W.	10628 VALENTINE RD NORTH TALLAHASSEE FL	☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
				☐ DELETE			
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				☐ DELETE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
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				☐ Change ☐ Addition			
				☐ Change ☐ Addition			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state in Section 119.07(9)(b), 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 in change, or on an attachment with an address.

SIGNATURE:

John P. Wakeman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN P. WAKEMAN

4-26-96

656-7438

CR2E034 (12/95)