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Apr 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N37656 (8)

1. Corporation Name

SUPPORT SERVICES INC.



Principal Place of Business

Mailing Address

% JAMES L. STUCKEY
PO BOX 547801
ORLANDO FL 32854-7801

% JAMES L. STUCKEY
PO BOX 547801
ORLANDO FL 32854-7801

3. Date Incorporated or Qualified
04/13/1990

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3001343

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STUCKEY, JAMES L.
1208 CHINCHESTER
ORLANDO FL 32803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) Orlando, Fla.
1208 Chichester (not Chinchester) 32803

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STUCKY, JAMES L.
STREET ADDRESS 582 IVANHOE PLAZA
CITY-ST-ZIP ORLANDO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1208 Chichester
1.4 CITY-ST-ZIP Orlando, Fla. 32803

TITLE PD
NAME STUCKY, JAMES L.
STREET ADDRESS 1208 CHINCHESTER
CITY-ST-ZIP ORLANDO FL

2.1 TITLE SD
2.2 NAME Tyler, Lynne
2.3 STREET ADDRESS 10600 Bloomfield Dr./Apt 1327
2.4 CITY-ST-ZIP Orlando, Fla. 32825

TITLE TD
NAME LAWTON, RUTH
STREET ADDRESS 1435 MAURY RD
CITY-ST-ZIP ORLANDO FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James L. Stucky

4094-894-19960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017839

CR2E037 (9/96)