

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000004937 (6)

1. Corporation Name

RECOVERY MANAGEMENT SERVICE CO. INC.

Principal Place of Business

Mailing Address

3000 S.W. 26 STREET
GAINESVILLE FL 32608

3000 S.W. 26 STREET
GAINESVILLE FL 32608

6754 WILLOW LAKE CIR.
FT. MYERS, FL. 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/23/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 6754 WILLOW LAKE CIR.

Suite, Apt. #, etc.

22 City & State

27 City & State
FT. MYERS, FL.

23 Zip Country

28 Zip Country
33912

24 25 29 30

4. FEI Number

59-3401217

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KESSELMAN, LYNN N

2236 WILLOWBROOK DRIVE
CLEARWATER FL 34624

6754 WILLOW LAKE CIR.
FT. MYERS FL 33912

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 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

TITLE PRESIDENT - Secretary
NAME LYNN N. KESSELMAN
STREET ADDRESS 6754 WILLOW LAKE CIR.
CITY-ST-ZIP FT. MYERS FL. 33912

TITLE VICE PRESIDENT
NAME JEMA SMITH
STREET ADDRESS 213 NW 7th St.
CITY-ST-ZIP GAINESVILLE FL. 32609

TITLE Director
NAME Thomas Green
STREET ADDRESS 407 Idlewild Ave.
CITY-ST-ZIP Daytona Bch., FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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

SIGNATURE REQUIRED

FILED
97 DEC -5 AM 9:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA



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