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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:21

DOCUMENT # **P92000004116 (9)**

1. Corporation Name
SERVICE CONSOLIDATED, INC.

Principal Place of Business	Mailing Address
202 S. MOODY AVE. TAMPA FL 33609	202 S. MOODY AVE. TAMPA FL 33609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/13/1992
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21 120 W. Hyde Park Place
Suite, Apt. #, etc.
22 Suite 110
City & State
23 Tampa, Florida
Zip: 24 33606-2340 Country: 25 Hillsborough

2a. Mailing Address
26 120 W. Hyde Park Pl.
Suite, Apt. #, etc.
27 Suite 110
City & State
28 Tampa, Florida
Zip: 29 33606-2340 Country: 30 Hillsborough

4. FEI Number: 59-3153144 ☐ 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

TOMKINS, DAVID A
202 S. MOODY AVE.
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name: J. Scott Taylor, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 120 W. Hyde Park Place
83: Suite 110
84 City: Tampa, Florida FL 85 Zip Code: 33606

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: J. Scott Taylor DATE: April 3, 1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P/Sec./Treas.	☒ Change ☐ Addition
NAME	TOMKINS, DAVID	12 NAME	J. Scott Taylor	
STREET ADDRESS	P.O. BOX 2033 N/A	13 STREET ADDRESS	120 W. Hyde Park Place, Ste 110	
CITY-ST-ZIP	PINELLAS PARK FL	14 CITY-ST-ZIP	Tampa, Florida 33606-2340	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 added to this report with an address.

SIGNATURE: J. Scott Taylor 4/3/95 813-254-6881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP