

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000008095

1. Corporation Name

OHS Services, Inc

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

12/01/92

3a. Date of Last Report

8/31/95

2. Principal Place of Business

21 600 Lakeview Rd

2a. Mailing Address

26 Same

4. FEI Number

59-3158075

Applied For

Not Applicable

22 Subst. Art. #, etc.

22 Suite B

27 Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

23 Clearwater FL

28 City & State

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

24 34616

25 Country

29 Zip

29

30 Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Litschgi, Valerie S
601 Bayshore Blvd
Suite 700
Tampa FL 33606

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	ORA, Mel	
STREET ADDRESS	600 B Lakeview Rd	
CITY, ST, ZIP	Clearwater FL 34616	
TITLE	D	DELETE
NAME	HUGHES, NANCY	
STREET ADDRESS	55 Rodgers #204	
CITY, ST, ZIP	Clearwater FL 34616	
TITLE		DELETE
NAME	HUGHES, WARREN	
STREET ADDRESS	55 Rodgers #204	
CITY, ST, ZIP	Clearwater FL 34616	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY, ST, ZIP		Change	Addition
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY, ST, ZIP		Change	Addition
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY, ST, ZIP		Change	Addition
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY, ST, ZIP		Change	Addition
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY, ST, ZIP		Change	Addition
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY, ST, ZIP		Change	Addition

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***200.00

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/96 813 422175
Daytime Phone #

CR2E034 (12/95)