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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000002082 (4)

1. Corporation Name

CONTRACT BUSINESS AND INFORMATION SERVICES, INC.

Principal Place of Business

1842 HARDEN BLVD
LAKELAND FL 33803

Mailing Address

1842 HARDEN BLVD
LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/11/1993

3a. Date of Last Report
04/25/1994

4. FEI Number
59-3164401

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DECKER, JAMES E
1842 HARDEN BLVD
LAKELAND FL 33803

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 607.0502 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 of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DECKER, JAMES E
STREET ADDRESS 1418 HOLLINGSWORTH OAKS DR
CITY, ST, ZIP LAKELAND FL

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

TITLE D
NAME HARWELL, CHRIS
STREET ADDRESS 114 TENNESSEE AVE
CITY, ST, ZIP LAKELAND FL 33801

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

TITLE D
NAME MOORE, TOM
STREET ADDRESS 210 NEPTUNE RD
CITY, ST, ZIP AUBURDALE FL 33823

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

TITLE D
NAME PETERSON, CURTIS
STREET ADDRESS 1504 WARREN AVENUE S
CITY, ST, ZIP LAKELAND FL 33803

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

TITLE VD
NAME QUINN, JAMES P
STREET ADDRESS 200 LAKE MORTON DR
CITY, ST, ZIP LAKELAND FL

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

TITLE D
NAME SCHNEIDER, JOHN F SR
STREET ADDRESS 720 S MISSOURI AVE
CITY, ST, ZIP LAKELAND FL 33801

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(3)(b), Florida Statutes. Further, I 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 and changed, or as an attachment with an address.

SIGNATURE:

Barbara Stewart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Barbara Stewart

4-28-95

813-688-9077