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 # P93000003823

1. Corporation Name CARL K. SELFE, INC. D.B.A.

TECHSERV INC [redacted]

Principal Place of Business	Mailing Address
EUFAULA, AL	101 LAKEVIEW DR.

2. Principal Place of Business 21 101 LAKEVIEW DR	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 EUFAULA, AL	City & State 28
Zip / Country 24 36027 / 25 U.S.	Zip / Country 29 / 30

3. Date Incorporated or Qualified 1-19-93	3a. Date of Last Report
4. FEI Number 59-3162971	☐ 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

Jacoby, Ennis, Davis Law office
1423 S. Patrick Dr.
Satellite FL 32937

10. Name and Address of New Registered Agent

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 _____ DATE _____
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	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CARL K. SELFE	1.2 NAME	
STREET ADDRESS	101 LAKEVIEW DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Eufaula, AL 36027	1.4 CITY-ST-ZIP	
TITLE	Director ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ELIZABETH C. SELFE	2.2 NAME	
STREET ADDRESS	101 Lakeview Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Eufaula, AL 36027	2.4 CITY-ST-ZIP	
TITLE	ARNOLD J. MCAGHEE ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Vice President	3.2 NAME	
STREET ADDRESS	401 St. Francis Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Eufaula, AL 36027	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	000001917660
STREET ADDRESS		6.3 STREET ADDRESS	-08/09/96--01030--002
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***233.75

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: Beth Selfe 6-30-96 (334) 687-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #