

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMARA R. MOHR
Secretary of State
TALLAHASSEE, FLORIDA 32399

APPROVED
AND
FILED

95 MAY -1 PM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000008555 (3)

1. Corporation Name

SIMPLIFIED BUSINESS SERVICES, P.A.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/01/1993
3a. Date of Last Report 05/01/1994

4. FEI Number 59-3160848
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. State Apt. # etc. 26. State Apt. # etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
BROWN, ROGER V
2950 LANGLEY AVENUE
PENSACOLA FL 32504

10. Name and Address of New Registered Agent
01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City FL 05. 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 _____
I, _____, Secretary of State, do hereby certify that the foregoing is a true and correct copy of the original filed with me.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	P BROWN, ROGER V	NAME	☐ Change ☐ Addition
STREET ADDRESS	2950 LANGLEY AVENUE	STREET ADDRESS	
CITY	PENSACOLA FL 32504	CITY	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information included 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 a resident of the State of Florida and that my signature shall have the same legal effect as if made under oath. That I am a resident of the State of Florida and that my signature shall have the same legal effect as if made under oath. That I am a resident of the State of Florida and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95

(704) 478 6964