

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000008977 (9)

1. Corporation Name

DISABILITY SUPPORT SERVICES, INC.

Principal Place of Business

**2121 CORPORATE SQUARE BLVD.
SUITE 276
JACKSONVILLE FL 32216**

Mailing Address

**2121 CORPORATE SQUARE BLVD.
SUITE 276
JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/04/1993

3a. Date of Last Report

04/26/1994

4. FEI Number

59-3164519

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing



**\$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

SUITE 110

27

SUITE 110

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**KOBACKER, ROBIN A
222 E. INTENDENCIA ST.
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name

JOHN S. HARRIS

82 Street Address (P.O. Box Number is Not Acceptable)

2121 CORPORATE SQUARE BLVD

83

SUITE 110

84

City

JACKSONVILLE

FL

85

Zip Code

32216

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 607.0605, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and not applicable

JOHN S. HARRIS

(NOTE: Registered Agent signature required when registering)

4-24-95

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
HARRIS, JOHN S
2121 CORPORATE SQUARE BLVD., STE. 276
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
HARRIS, DONNA C
2121 CORPORATE SQUARE BLVD., STE. 276
JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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

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)(b), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

JOHN S. HARRIS

4-24-95

DATE

904-721-1510

TELEPHONE (Area #)