FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000062903 (8)**

1. Corporation Name
SYSTEM SUBCONTRACTING SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1775 NORDIC CT PO BOX 1562 APOPKA FL 32704-1562 US	1775 NORDIC CT PO BOX 1562 APOPKA FL 32704-1562 US

3. Date Incorporated or Qualified: 09/03/1993
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 3891	26 P.O. Box 3891
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ocala FL	City & State 28 Ocala FL
Zip 24 34478-3891	Zip 29 34478-3891
Country 25 U.S.	Country 30 U.S.

4. FEI Number: 59-3207982 ☐ 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	10. Name and Address of New Registered Agent
HARGROVE, CHARLES D 255 SO ORANGE AVE STE 1600 ORLANDO FL 32802 Just made an Address Change →	81 Name: HARGROVE, Charles D. 82 Street Address (P.O. Box Number is Not Acceptable): 3117 Edgewater Drive 83 84 City: Orlando FL 85 Zip Code: 32804

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	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	HALPERN, NEIL	1.2 NAME	HALPERN, NEIL C
STREET ADDRESS	1775 NORDIC CT	1.3 STREET ADDRESS	2559 S.W. HWY 484
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	OCALA, FL 34473
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, JOSEPH J	2.2 NAME	
STREET ADDRESS	201 BASQUE RD Delete	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(i), 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: N C H Neil C. Halpern 4/26/95 407 981 4413
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #

041382 FP