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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

1996

P93000066811 (9) DOCUMENT #
1. Corporation Name

CP SERVICE CORP.



Principal Place of	Business	Mailing Address				
3728 PHILLIPS HWY. SUITE 39 JACKSONVILLE FL 32207		3728 PHILLIPS HWY. SUITE 39 JACKSONVILLE FL 32207				
THOUSOMAIC	LE FL 32207	UNONOMPIEC 12 C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3. Date incorporated or Qualified 09/15/1993	3a. Date of Last Report 06/05/1995	
Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-3206673	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	AM 1979	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		Crty & State		6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip 24	Country 25	Ζφ 29	Country 30	110100 0101010	s 🗍 No	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New	Registered Agent	
			81 Na	me		
PHILLIPS, PHILIP B JR. 3728 PHILLIPS HWY.			82 Str	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 39			83			
JACKSONVILLE FL 32207			84 Cit	B4 City FL B5 Zip Code		
familiar with	d agent, or both, in the State of Horn, and accept the obligations of, Sectionative, types or printed name of registered agen	tion 607.0505, Florida Statute	S. OTE: Ragisterec Agent signa	on's board of directors. I hereby accept the ap	DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1 1 TITLE		Change Addition	
NAME	PHILLIPS, PHILIP B JR.		1.2 NAME			
STREET ADDRESS	3728 PHILLIPS HWY., #39		1.3 STREET ADDR			
CITY-ST-ZIP	JACKSONVILLE FL 32207	□ DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		Change Addition	
TITLE			2 2 NAME			
NAME			2 3 STREET ADDR	200		
STREET ADDRESS			2.4 CITY - ST - ZIP			
CITY-ST-ZIP TITLE		DELETE	3 1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADD	RESS		
CITY-S1-ZIP			3 4 CITY - ST - ZIP	,		
TITLE		DELETE	4. 1 1)TLE		Change Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADD	RESS		
CITY-SI-ZIP			4.4 CITY - ST - ZIF	6000018	19806	
TITLE		☐ DELFTE	5. 1 TITLE	6000018 -05/14/9601	017003 ^{Change} Addition	
NAME			5 2 NAME	***200.00		
STREET ADDRESS			5.3 STREET ADD			

6 4 CITY - ST- ZIP g is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 14. I do hereby certify that the informa-certify that the information indica-cath; that I am an officer or direc-appears in Block 12 or Block 330 is annual rei

6 1 TILLE

6.2 NAME

5.4 CiTY - \$T - ZIP

6.3 STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Change

☐ Addition

CR2E034 (12/95)