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 # **P93000073673 (4)**

1. Corporation Name

PSM SERVICES, INC.

Principal Place of Business	Mailing Address
~~1726 E. 7TH AVE.~~ ~~SUITE 7~~ ~~TAMPA FL 33605~~ US	~~1726 E. 7TH AVE.~~ ~~SUITE 7~~ ~~TAMPA FL 33605~~ US

2. Principal Place of Business	2a. Mailing Address
21 511 N FRANKLIN ST.	26 511 N. FRANKLIN ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 N/A	27 N/A
City & State	City & State
23 Tampa, Fla	28 Tampa, Fla.
Zip / Country	Zip / Country
24 / 25 US	29 / 30 U.S.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/19/1993	06/02/1995
4. FEI Number: 59-3206978	☐ 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

VALDES, J G
~~1726 E 7TH AVE~~ 511 N. Franklin St.
~~TAMPA FL 33605~~ Tampa, Fla.

10. Name and Address of New Registered Agent

81 Name: Valdes, J.G (SAME AGENT)
82 Street Address (P.O. Box Number is Not Acceptable): 511 N. FRANKLIN ST.
83
84 City: Tampa **FL** 85 Zip Code: 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: [signature] (Signature, typed or printed name of registered agent and title, if applicable) (If FEI, Registered Agent Signature Must Be Included) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	VALDES, J G		1.2 NAME	VALDES, J.G.	
STREET ADDRESS	~~1726 E. 7TH AVE., STE. 7~~ ~~511 N Franklin St~~		1.3 STREET ADDRESS	511 N. FRANKLIN ST.	
CITY-ST-ZIP	~~TAMPA FL~~ ~~Tampa, Fla.~~		1.4 CITY-ST-ZIP	TAMPA, Fla. 33602	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			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		
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: [signature] 6/13/96 (813)920-6471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)