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 JUL 14 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000081995

1. Corporation Name

W. L. Services, Inc.

900001540639
-07/18/95--01109--015
*****35.00 *****35.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1200 W. SR 434, Ste. 202 Longwood, FL 32750	same

3. Date Incorporated or Qualified: 12/1/93
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1200 W. SR 434,	26 1200 W. SR 434
Suite, Apt. #, etc. 22 Ste. 202	Suite, Apt. #, etc. 27 Ste 202
City & State 23 Longwood, FL	City & State 28 Longwood, FL
Zip 24 32750 Country 25 Seminole	Zip 29 32750 Country 30 Seminole

4. FEI Number: 59-3212202 ☐ 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
Prentice Hall Legal & Financial Services P.O. Box 102670 Atlanta, GA 30368-0670	81 Name: Karan NewBold 82 Street Address (P.O. Box Number is Not Acceptable): 1200 W. SR 434, Ste. 202 83 84 City: Longwood FL 85 Zip Code: 32750

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: Karan NewBold 5/15/95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	11 TITLE	S/T ☐ Change ☑ Addition
NAME	Karan NewBold	12 NAME	David Michaels
STREET ADDRESS	1200 W. SR 434, Ste 202	13 STREET ADDRESS	1200 W. SR 434, Ste 202
CITY-ST-ZIP	Longwood, FL 32750	14 CITY-ST-ZIP	Longwood, FL 32750
TITLE		21 TITLE	☑ Change Delete ☐ Addition
NAME		22 NAME	David Tedder
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	300001540643
STREET ADDRESS		33 STREET ADDRESS	-07/18/95--01109--016
CITY-ST-ZIP		34 CITY-ST-ZIP	*****165.00 *****165.00
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	REMITTED BY MAY 1
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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] 4/28/95 (407) 260-0079
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED ABOVE Date Daytime Phone #