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 # **P94000014103 (3)**

1. Corporation Name
NAHS SERVICES CORPORATION

Principal Place of Business
2400 BEDFORD RD
ORLANDO FL 32803

Mailing Address
2400 BEDFORD RD
ORLANDO FL 32803

3. Date Incorporated or Qualified: **02/13/1994**
3a. Date of Last Report: **02/03/1995**

2. Principal Place of Business
21 111 N. ORLANDO AVENUE
Suite, Apt. #, etc.
22
City & State
23 WINTER PARK, FL
Zip 24 32789 Country 25 ORANGE

2a. Mailing Address
26 111 N. ORLANDO AVENUE
Suite, Apt. #, etc.
27
City & State
28 WINTER PARK, FL
Zip 29 32789 Country 30 ORANGE

4. FEI Number: **59-3224576** — 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
TRIMBLE, T.L.
2400 BEDFORD RD
ORLANDO FL 32803

10. Name and Address of New Registered Agent
81 Name: TRIMBLE, T.L.
82 Street Address (P.O. Box Number is Not Acceptable): 111 NORTH ORLANDO AVENUE
83
84 City: WINTER PARK FL 85 Zip Code: 32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: T.L. TRIMBLE (T.L. Trimble) — 1/26/96
Signature (type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	HOLDSWORTH, BENJAMIN J	
STREET ADDRESS	2400 BEDFORD ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	☐ DELETE
NAME	RUCKER, WOMACK J	
STREET ADDRESS	2400 BEDFORD ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	☐ DELETE
NAME	SKILTON, GARY	
STREET ADDRESS	2400 BEDFORD ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SD	☒ Change ☐ Addition
2.2 NAME	RUCKER, WOMACK J	
2.3 STREET ADDRESS	111 NORTH ORLANDO AVENUE	
2.4 CITY-ST-ZIP	WINTER PARK, FLORIDA 32789-3675	
3.1 TITLE	TD	☒ Change ☐ Addition
3.2 NAME	SKILTON, GARY	
3.3 STREET ADDRESS	111 NORTH ORLANDO AVENUE	
3.4 CITY-ST-ZIP	WINTER PARK, FLORIDA 32789-3675	
4.1 TITLE	PD	☐ Change ☒ Addition
4.2 NAME	TRIMBLE, T.L.	
4.3 STREET ADDRESS	111 NORTH ORLANDO AVENUE	
4.4 CITY-ST-ZIP	WINTER PARK, FLORIDA 32789-3675	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: (T.L. Trimble) — 1/26/96 — 407/975-1410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
T.L. TRIMBLE, PRESIDENT

CR2E034 (12/95)