

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 11 AM 9:15

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000025288 (9)**

INTEGRATED NETWORK SERVICES, INC.

Principal Place of Business: 10526 NE 81ST STREET
GAINESVILLE FL 32609
Mailing Address: 10526 NE 81ST STREET
GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Quarter: **03/29/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FID Number	Applied For ☒ Not Applicable
21. State, Apt. # etc.	26. State, Apt. # etc.	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
23. City & State	28. City & State	8. This corporation has liability for information taken under 1995 Florida Statutes. ☐ Yes ☒ No	
24. City & State	25. City & State	29. City & State	30. City & State

9. Name and Address of Current Registered Agent

SALTER, JAMES D ESQ.
703 N.E. 1ST STREET
GAINESVILLE FL 32602

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	FL	85. Zip Code
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11. Pursuant to the provisions of Sections 607.01(4), 607.01(5), and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the above agent or to the office 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 aware of and accept the obligations of Section 607.01(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO FID # P94000025288 (9)	
NAME	D BROWN, RICHARD D 10526 NE 81ST STREET GAINESVILLE FL 32609	1. NAME	P
NAME	D CONCELMO, ROBERT J 6719 SW 135TH TERRACE ARCHER FL 32618	2. NAME	V GOSS, DONALD A. 13517 BOX 984 LITTLE CRY, FL 32035
NAME	D MARTIN, RANDALL W POST OFFICE BOX 1427 N/A MELROSE FL 32666	3. NAME	S
NAME	D AUSTIN, JAMES J 612 NW 10TH AVENUE APT. A GAINESVILLE FL 32601	4. NAME	
NAME		5. NAME	
NAME		6. NAME	
NAME		7. NAME	
NAME		8. NAME	
NAME		9. NAME	
NAME		10. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(4) of the Florida Statutes. I further certify that the information is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 of this Block 1 of this report or on an attachment without address.

SIGNATURE:

James J. Austin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 (904) 345-7979