

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000025418 (2)

1. Corporation Name
L P SERVICES GROUP, INC.

Principal Place of Business 1708 EAST BUSCH BLVD. TAMPA FL 33612	Mailing Address 9304 N. ELMER ST. TAMPA FL 33612-8638 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1994	3a. Date of Last Report 04/29/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3128633		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

RAY, MELVIN
9304 NORTH ELMER STREET
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DCP	☐ DELETE		1.1 TITLE	☐ Change	☐ Addition	
NAME	RAY, MELVIN			1.2 NAME			
STREET ADDRESS	1708 E. BUSCH BLVD.			1.3 STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL			1.4 CITY - ST - ZIP			
TITLE	V	☐ DELETE		2.1 TITLE	☐ Change	☐ Addition	
NAME	SEPESSY, JOHN			2.2 NAME			
STREET ADDRESS	1708 E. BUSCH BLVD.			2.3 STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL			2.4 CITY - ST - ZIP			
TITLE	ST	☐ DELETE		3.1 TITLE	☐ Change	☐ Addition	
NAME	GRAHAM, MICHAEL			3.2 NAME			
STREET ADDRESS	1708 E. BUSCH BLVD.			3.3 STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL			3.4 CITY - ST - ZIP			
TITLE	D	☐ DELETE		4.1 TITLE	☐ Change	☐ Addition	
NAME	MCGLOUGHIN, MIKE			4.2 NAME			
STREET ADDRESS	1708 E. BUSCH BLVD.			4.3 STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL			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			

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14. I do hereby certify that the information supplied with this filing 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, on an attachment with an address.

SIGNATURE: *John B. Sepe* 1-14-97 813-935-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)