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 APR 17 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000036500 (4)**

1. Corporation Name
LAKESHORE SYSTEM SERVICES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
[redacted]	[redacted]

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/10/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 Two Perimeter Park South	26 P. O. Box 380546
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Birmingham, AL	28 Birmingham, AL
24 Zip: 35243 / 25 Country	29 Zip: 35238 / 30 Country

4. FEI Number: 63-1119356 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Chairman of the Board	☒ Change ☐ Addition
NAME	STEPHENS, MICHAEL E	12 NAME	Richard M. Scrushy	
STREET ADDRESS	813 SHADES CREEK PARKWAY, #300	13 STREET ADDRESS	Two Perimeter Park South	
CITY-ST-ZIP	BIRMINGHAM AL 35209	14 CITY-ST-ZIP	Birmingham, AL 35243	
TITLE	D	21 TITLE	Vice President/Treasurer/Director	☒ Change ☐ Addition
NAME	MARSHALL, THOMAS L W	22 NAME	Aaron Beam, Jr.	
STREET ADDRESS	813 SHADES CREEK PARKWAY, #300	23 STREET ADDRESS	Two Perimeter Park South	
CITY-ST-ZIP	BIRMINGHAM AL 35209	24 CITY-ST-ZIP	Birmingham, AL 35243	
TITLE		31 TITLE	Vice President/Secretary/Director	☒ Change ☐ Addition
NAME		32 NAME	Anthony J. Tanner	
STREET ADDRESS		33 STREET ADDRESS	Two Perimeter Park South	
CITY-ST-ZIP		34 CITY-ST-ZIP	Birmingham, AL 35243	
TITLE		41 TITLE	President	☐ Change ☒ Addition
NAME		42 NAME	James P. Bennett	
STREET ADDRESS		43 STREET ADDRESS	Two Perimeter Park South	
CITY-ST-ZIP		44 CITY-ST-ZIP	Birmingham, AL 35243	
TITLE		51 TITLE	Vice President/Assistant Secretary	☐ Change ☒ Addition
NAME		52 NAME	William W. Horton	
STREET ADDRESS		53 STREET ADDRESS	Two Perimeter Park South	
CITY-ST-ZIP		54 CITY-ST-ZIP	Birmingham, AL 35243	
TITLE		61 TITLE	Vice President/Assistant Secretary	☐ Change ☒ Addition
NAME		62 NAME	C. Drew Demaray	
STREET ADDRESS		63 STREET ADDRESS	Two Perimeter Park South	
CITY-ST-ZIP		64 CITY-ST-ZIP	Birmingham, AL 35243	

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: _____ 3/14/95 (205)967-7116
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
Aaron Beam, Jr., Vice President/Treasurer

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