

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000038134 (0)**

1. Corporation Name  
**T.P. SERVICE SYSTEMS, INC.**



Principal Place of Business: **1726-19 KINGSLEY AV ORANGE PARK FL 32073-4411 US**  
Mailing Address: **1726-19 KINGSLEY AV ORANGE PARK FL 32073-4411 US**

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **05/20/1994** 3a. Date of Last Report: **01/17/1995**  
4. FEI Number: **59-3246144** 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

PODZAMSKY, JOHN M  
~~1726-19 KINGSLEY AV~~ **4425 EMERSON ST.**  
~~ORANGE PARK FL 32073~~ **JAY. FL. 32207**

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

11. Pursuant to the provisions of Sections 607.0532 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: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICERS AND DIRECTORS

12. 11.1 NAME: **PD PODZAMSKY, JOHN M**  DELETE  
11.2 STREET ADDRESS: **1710 WELLS RD. #928**  
11.3 CITY, ST, ZIP: **ORANGE PARK FL**  
11.4 TITLE: **SO**  DELETE  
11.5 NAME: **SHERRILL, MARGARET L**  
11.6 STREET ADDRESS: **4815 MAID MARION LANE**  
11.7 CITY, ST, ZIP: **JACKSONVILLE FL**  
11.8 TITLE:  DELETE  
11.9 NAME:  DELETE  
11.10 STREET ADDRESS:  DELETE  
11.11 CITY, ST, ZIP:  DELETE  
11.12 NAME:  DELETE  
11.13 STREET ADDRESS:  DELETE  
11.14 CITY, ST, ZIP:  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
13.1 TITLE:  Change  Addition  
13.2 NAME:  
13.3 STREET ADDRESS:  
13.4 CITY, ST, ZIP:  
13.5 TITLE:  Change  Addition  
13.6 NAME:  
13.7 STREET ADDRESS:  
13.8 CITY, ST, ZIP:  
13.9 TITLE:  Change  Addition  
13.10 NAME:  
13.11 STREET ADDRESS:  
13.12 CITY, ST, ZIP:  
13.13 TITLE:  Change  Addition  
13.14 NAME:  
13.15 STREET ADDRESS:  
13.16 CITY, ST, ZIP:  
13.17 TITLE:  Change  Addition  
13.18 NAME:  
13.19 STREET ADDRESS:  
13.20 CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this form 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 prepare 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: **M. L. Sherrill** **MARGARET Sherrill** **2-2-96-389-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Day + Phone # **6950**

CR2E034 (12/95)