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**CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P94000051549 (1) **DOCUMENT #** 

1. Corporation Name ITI SERVICES, INC.

Principal.	Place of	Business

Mailing Address

6900 PHILLIPS HIGHWAY STE. 12

6900 PHILLIPS HIGHWAY STE. 12



				3. Date Incorporated or Qualifier 07/08/1994	3a. Date of Last Report 04/11/1995
2. Principal Place 1950		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	INIVERSITY BUILD		IERSITY BLUD	<b>M</b> , 59-3255526	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  3 UACK	SONVILLE, FL	City & State	VVILLE, FL	Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip _	Country	Zip	Country		or intangible tax under s 199.032,
4 3221	25	29 3 <b>32</b> //	30		es No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New	Registered Agent
			81 Name		
	HARLES G		82 Street A	ddress (P.O. Box Number is Not Accept	able)
	HILLIPS HIGHWAY STE. 12		1950	UNIVERSITY BLV	ρ Ν.
JACKS	ONVILLE FL 32216		83		
			84 City		log Troub
			TAC	KSONUILLE	FL   **   **   **   **   **   **   **
<ol> <li>Pursuant to or registered</li> </ol>	the provisions of Sections 607,050	2 and 607.1508, Florida Statu	tes, the above-named cor	poration submits this statement for the p	urpose of changing its registered office
familiar with	i, and a 35 the obligations 1. Sec	ctical Such change was authori otical 07.0505, Florida Statute	zed by the corporation's b is.	position sooms this statement for the ploand of directors. I hereby accept the ap	pointment as registered agent. I am
SIGNATURE	Charles H Z	LA CHARLES		RESIDENT	4-24-96
	ignature, typed or printed name of registered age	t and title if applicable (N	OTE: Registered Agent signature req		DATE
2.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO O	FICERS AND DIRECTORS IN 12
ITLE	PD	DELETE	1. 1 TITLE		
			I. I THILE		Change Addition
IAME	LEE, CHARLES G			. H. H. WENLIN	<b>-</b> • -
ĺ	7901 BAYMEADOWS CIRC	CLE EAST STE. 361		1940 UNIVERSITY	<b>-</b> • -
NAME STREFT ADDRESS CITY-ST-ZIP	7901 BAYMEADOWS CIRC JACKSONVILLE FL 32256	CLE EAST STE. 361	1.2 NAME 1.3 STREET ADDRESS		BLUD N.
STREFT ADDRESS	7901 BAYMEADOWS CIRC	CLE EAST STE. 361	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	TACKSON UILLE	BLUD N. CL 32211
STREFT ADDRESS CITY-ST-ZIP	7901 BAYMEADOWS CIRC JACKSONVILLE FL 32256		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	TACKSON UILLE	BLUD N. CL 32211
STREFF ADDRESS DITY-ST-ZIP TITLE	7901 BAYMEADOWS CIRC JACKSONVILLE FL 32256 STD	☐ DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	TACKSONUILLE P 1940 UNIVERSITY	BLUD N.  FL 32211  BLUD N.  Addition
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oath, that I am an officer or direct appears in Block 12 or Block 13