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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:46

DOCUMENT # **P94000052916 (1)**

1. Corporation Name
DIMENSIONAL SERVICES, INC.

Principal Place of Business	Mailing Address
1441 WOODFIELD OAKS DRIVE APOPKA FL 32703	1441 WOODFIELD OAKS DRIVE APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/12/1994
3a. Date of Last Report:

2. Principal Place of Business
21 1626 Camerbur Drive
Suite, Apt. #, etc.: 22
City & State: 23 Orlando, FL
Zip: 24 32805 Country: 25 Orange

2a. Mailing Address
26 P.O. Box 547938
Suite, Apt. #, etc.: 27
City & State: 28 Orlando, FL
Zip: 29 32854 Country: 30 Orange

4. FEI Number: 59-3256266 ☐ 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

MORRISON, CHRISTOPHER H
7100 SOUTH U.S. HIGHWAY 17-92
FERN PARK FL 32730

10. Name and Address of New Registered Agent

81 Name: Sidney L. Feuvrel, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 1520 E. Livingston Street
83
84 City: Orlando FL 85 Zip Code: 32803

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	11 TITLE	P/D	☐ Change ☐ Addition
NAME	CHESHIRE, JAMES E	12 NAME		
STREET ADDRESS	3126 PLAZA TERRACE DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32803	14 CITY-ST-ZIP		
TITLE	VTD	21 TITLE	V/D	☒ Change ☐ Addition
NAME	MCCARTHY, CHRISTOPHER J	22 NAME	Tina M. Cheshire	
STREET ADDRESS	1441 WOODFIELD OAKS DRIVE	23 STREET ADDRESS	3126 Plaza Terrace Drive	
CITY-ST-ZIP	APOPKA FL 32703	24 CITY-ST-ZIP	Orlando, FL 32803	
TITLE		31 TITLE	S/T	☐ Change ☒ Addition
NAME		32 NAME	James Q. Cheshire	
STREET ADDRESS		33 STREET ADDRESS	3126 Plaza Terrace Drive	
CITY-ST-ZIP		34 CITY-ST-ZIP	Orlando, FL 32803	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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, or on an attachment with an address.

SIGNATURE: James E Cheshire 3/16/95 407-648-1117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038747 CP