

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 # P94000067756 (4)

1. Corporation Name

NON-EMERGENCY SERVICES, INC.



Principal Place of Business

512 ALABAMA AVENUE
ST. CLOUD FL 34769

Mailing Address

512 ALABAMA AVENUE
ST. CLOUD FL 34769

3. Date Incorporated or Qualified
09/12/1994

3a. Date of Last Report
05/16/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

TIFFANY, CHARLES B
120 BROADWAY STE. 203
KISSIMMEE FL 34741

81 Name SALLY AHRENS

82 Street Address (P.O. Box Number is Not Acceptable)

512 ALABAMA AVE

83

84 City ST CLOUD

FL

85 Zip Code 34769

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

Sally J. Ahrens
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

4-23-96

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME AHRENS, JOHN
STREET ADDRESS 512 ALABAMA AVE.
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE V ☐ DELETE
NAME AHRENS, SALLY
STREET ADDRESS 512 ALABAMA AVE.
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE GLADYS GODBEY ☐ DELETE
NAME 161 SANDPINE CT SEC
STREET ADDRESS ST CLOUD, FL 34771 TREAS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE GLADYS GODBEY ☐ Change ☒ Addition
1.2 NAME 161 SANDPINE CT SEC
1.3 STREET ADDRESS ST. CLOUD, FL 34771 TREAS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

407-957-4320

Date

Daytime Phone #

CR2E034 (12/95)