

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000069219 (1)

1. Corporation Name

BETHESDA PAYROLL SERVICES, INC.

Principal Place of Business

2815 S SEACREST BLVD
BOYNTON BEACH FL 33435

Mailing Address

2815 S SEACREST BLVD
BOYNTON BEACH FL 33435

APPROVED
AND
FILED

95 MAY -1 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001475544
-05/04/95--01027--018
3040.00 *200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

City & State

24

City & State

2b. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

City & State

29

City & State

30

City & State

4. FEI Number

65-0523164

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

7. This corporation has liability for intangible tax under S. 190.103?

Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

MONAGHAN, TIMOTHY E
54 NE FOURTH AVE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

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 601.06(1), 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 of Agent or Person Authorized to Register on Behalf of Corporation

Signature of Registered Agent (Signature Required After Resigning)

Date

12. OFFICERS AND DIRECTORS

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST., ZIP

5. CITY, ST., ZIP

6. CITY, ST., ZIP

7. CITY, ST., ZIP

8. CITY, ST., ZIP

9. CITY, ST., ZIP

10. CITY, ST., ZIP

11. CITY, ST., ZIP

12. CITY, ST., ZIP

13. CITY, ST., ZIP

14. CITY, ST., ZIP

15. CITY, ST., ZIP

16. CITY, ST., ZIP

17. CITY, ST., ZIP

18. CITY, ST., ZIP

19. CITY, ST., ZIP

20. CITY, ST., ZIP

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST., ZIP

5. CITY, ST., ZIP

6. CITY, ST., ZIP

7. CITY, ST., ZIP

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9. CITY, ST., ZIP

10. CITY, ST., ZIP

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17. CITY, ST., ZIP

18. CITY, ST., ZIP

19. CITY, ST., ZIP

20. CITY, ST., ZIP

PD

HILL, ROBERT B.
2815 S. Seacrest Blvd.
Boynton Beach, FL

TDV

TAYLOR, ROBERT B.
2015 S. Seacrest Blvd.
Boynton Beach, FL

D

KIRK, ROGER L.
2815 S. Seacrest Blvd.
Boynton Beach, FL

D

PELTZIE, KENNETH G.
2815 S. Seacrest Blvd.
Boynton Beach, FL

S

STRAWN, JOEL T.
54 NE 4th Avenue
DeLray Beach, FL

\$7511

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)(b), 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 such certificate, 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 of changed, or on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95

407-278-9100