SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 28 AM 9:14

DOCUMENT # **P94000077812 (3)**

1. Corporation Name
FLORIDA REFERRAL SERVICE, INC.

Principal Place of Business	Mailing Address
12966 NORTH DALE MABRY HWY. TAMPA FL 33618	12966 NORTH DALE MABRY HWY. TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/24/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number / Applied For / Not Applicable
21 12966 N. Dale Mabry Hwy.	26 12966 N. Dale Mabry	59-3801935
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 Tampa FL.	City & State 28 Tampa, FL.	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / County 24 33618 / 25 Hillsborough	Zip / County 29 33618 / 30 Hillsborough	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
POLO, MARIE S 12966 NORTH DALE MABRY HWY. TAMPA FL 33618	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 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: Marie Polo Sr. DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President, V.P., Sec. & Treasurer	11 TITLE	☐ Change ☐ Addition
NAME	Marie Polo Sr.	12 NAME	
STREET ADDRESS	12966 N. Dale Mabry Hwy - Tamp. 33618	13 STREET ADDRESS	
CITY ST ZIP		14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
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	

CR2E034 (3/95)

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 changed, added or deleted.

SIGNATURE: Marie Polo Sr. - Marie Polo Sr. 6-22-95 (813)962-1777
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0101028 CP