## FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

**PROFIT CORPORATION ANNUAL REPORT 1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** **P94000078937**

1. Corporation Name

**REGULATORY SUPPORT SERVICES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1701 S. ALEXANDER ST.<br>STE. 111<br>PLANT CITY FL 33567<br>US | P.O. BOX 549<br>PLANT CITY FL 33564<br>US |

**DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualifed
**10/24/1994**

2. Principal Place of Business
21 *2000 E. Edgewood Drive*
Suite, Apt. #, etc.
22 *# 215*
City & State
23 *Lakeland FL (Polk)*
Zip 24 *33803* 25 Country

2a. Mailing Address
26 *P.O. Box 5467*
Suite, Apt. #, etc.
27
City & State
28 *Lakeland FL*
Zip 29 *33807* 30 Country *Polk*

4. FEI Number
**59-3276851**
Applied For
Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

ALLEN, DEEDRA M
1701 S. ALEXANDER ST.
SUITE 111
PLANT CITY FL 33567

**10. Name and Address of New Registered Agent**

81 Name *Allan E. Schreiber*
82 Street Address (P.O. Box Number is Not Acceptable) *2000 E. Edgewood Drive*
83 *Suite 215*
84 City *Lakeland* FL 85 Zip Code *33803*

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 _____ *ALLAN E. SCHREIBER* *3-26-99*
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 | ST | ☒ DELETE | 1.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | ALLEN, JOHN N JR. | | 1.2 NAME | | | |
| STREET ADDRESS | 2325 FAIRWAY DR., SOUTH | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PLANT CITY FL | | 1.4 CITY-ST-ZIP | | | |
| TITLE | P | ☒ DELETE | 2.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | ALLEN, DEEDRA M | | 2.2 NAME | | | |
| STREET ADDRESS | 2325 FAIRWAY DR. | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PLANT CITY FL | | 2.4 CITY-ST-ZIP | | | |
| TITLE | VP | ☒ DELETE | 3.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | STROEHLEN | | 3.2 NAME | | | |
| STREET ADDRESS | 508 BRANTWOOD CT. | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | VALRICO FL | | 3.4 CITY-ST-ZIP | | | |
| TITLE | VP | ☐ DELETE | 4.1 TITLE *PRESIDENT* | | ☒ Change | ☐ Addition |
| NAME | ALLAN E SCHREIBER | | 4.2 NAME | | | |
| STREET ADDRESS | 7002 WILLOW RUN LOOP | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | LAKELAND FL 33813 | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | | 6.2 NAME | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | |

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: _____ *DEEDRA M ALLEN* 1/30/99 (813) 754-3720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)