FILE NOW: FILING FEE PROFIT CORPORATION ANNUAL REPORT 1996		AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		
DOCUMENT # P95000013596 (8) 1. Corporation Name BUNCH SERVICES INCORPORATED				
Principal Place of Business     Mailing Address       7615 MATHER RD. NORTH     7615 MATHER RD. NORTH       LAKELAND FL 33809     LAKELAND FL 33809				3. Date Incorporated or Qualified 3a. Date of Last Report
			1E	02/16/1995 4. FEI Number 59-3288625 Applied For Not Applicable
22         27           City & State         City & State           23         28           Zip         Country         Zip		City & State	Country	5. Certificate of Status Desired       \$8.75 Additional         Fee Required         6. Election Campaign Financing       \$5.00 May Be         Trust Fund Contribution       Added to Fees
24	25 9. Name and Address of Curren	29	30 81 Name	8. This corporation has liability for intangible text under s 199.032, Florida Statutes Yes Yes Yoo     10. Name and Address of New Registered Agent
BUNCH, JAMES D 7615 MATHER RD. NORTH LAKELAND FL 33809			82 Street Add 83 84 City	ress (P.O. Box Number is Not Acceptable)
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 familiar with, and accept the present of Section 67.0505, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent. I am SIGNATURE				
12.	Signature, typed or Mitter type of registered agent a OFFICERS AND		<ul> <li>Registered Agent signature require</li> <li>13.</li> </ul>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	d Bunch, James D 7615 Mather RD. North Lakeland FL 33809	DELETE	1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS	Change Addition 2:
City-st-zip Title NAME Streft Address	D BUNCH, CYNTHIA L 7615 MATHER RD. NORTH	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	LAKELAND FL 33809	DELETE	2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP TITLE NAME		DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE 4.2 NAME	Change C Addition
STREET ADDRESS CITY - ST - ZIP TITLE NAME		DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Change 🛄 Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	53 STREET ADDRESS 54 CITY - ST - ZIP 6.1 TITLE 62 NAME	Change 🗍 Addition
STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that t	certify that the information supplied with the information indicated on this annual	th this filing is voluntarily furnish report or supplemental annual	6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ed and does not qualify fo	r the exemption stated in Section 119.07(3)(k), Florida Statutes, Flurther
certify that the information indicated on this annual report is true and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further oath, that I am an officer or director of the concretion cycle receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 if chapted, or over a machiment with an address.  SIGNATURE:  SIGNATURE:  SIGNATURE and TypeD or philited value of percent of the concretion of the percent of the percent of the concretion of				