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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000021246 (0)**

1. Corporation Name

C & A BILLING SERVICE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 221341 HOLLYWOOD FL 33022	P.O. BOX 221341 HOLLYWOOD FL 33022

3. Date Incorporated or Qualified: **03/15/1995**

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 PO Box 221341	26 P O Box 221341
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HOLLYWOOD, FL	City & State 28 HOLLYWOOD FL
Zip 24 33022 / Country 25 USA	Zip 29 33022 / Country 30 USA

4. FEI Number: 65-0567422 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMPBELL, LYNDA
2007 WILSON ST.
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name: CAMPBELL, LYNDA

82 Street Address (P.O. Box Number is Not Acceptable): 2449 TAYLOR ST.

83

84 City: HOLLYWOOD **FL** 85 Zip Code: 33020

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: Lynda Campbell - VP/Sec - LYNDA CAMPBELL 5/15/96
(Signature, typed or printed name of individual with authority to sign on behalf of corporation) (Title: Director, Agent, Officer, or other authorized capacity) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE: President	☐ Change ☐ Addition
NAME		1.2 NAME: Jeffery Archer	
STREET ADDRESS		1.3 STREET ADDRESS: 2449 Taylor St.	
CITY-ST-ZIP		1.4 CITY-ST-ZIP: Hollywood, FL 33020	
TITLE	☐ DELETE	2.1 TITLE: VP/sec.	☐ Change ☐ Addition
NAME		2.2 NAME: lynda Campbell	
STREET ADDRESS		2.3 STREET ADDRESS: 2449 Taylor St.	
CITY-ST-ZIP		2.4 CITY-ST-ZIP: Hollywood, FL 33020	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

CR2E034 (12/95)

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)(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: Lynda Campbell - LYNDA CAMPBELL 5/15/96 954/9266660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)