

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000021821 (0)

1. Corporation Name

PLATINUM SERVICES, INC.



Principal Place of Business

810 PINESIDE LANE
NAPLES FL 33963

Mailing Address

P.O. BOX 9481
NAPLES FL 33940

3. Date Incorporated or Qualified

03/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 438 PUTTER PT. CT.

26 438 PUTTER PT. CT.

4. Fee Number

59-3311484

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

NAPLES, FL.

28 City & State

NAPLES, FL.

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24 Zip

33940

25 Country

COLLIER

29 Zip

33940

30 Country

COLLIER

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

9. Name and Address of Current Registered Agent

PINTER, MICHAEL R
4328 CORPORATE SQUARE, SUITE C
NAPLES FL 33942-P

10. Name and Address of New Registered Agent

81 Name

JOEL BUMP

82 Street Address (P.O. Box Number is Not Acceptable)

5534 YAHN STREET

83

NAPLES

84 City

NAPLES

FL

85

33942

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

Joel Bump

4/28/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME LEAHY, PATRICIA A
STREET ADDRESS 810 PINESIDE LANE
CITY-STATE-ZIP NAPLES FL 33963

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

15 TITLE ☐ Change ☐ Addition

16 NAME

17 STREET ADDRESS

18 CITY-STATE-ZIP

19 TITLE ☐ Change ☐ Addition

20 NAME

21 STREET ADDRESS

22 CITY-STATE-ZIP

23 TITLE ☐ Change ☐ Addition

24 NAME

25 STREET ADDRESS

26 CITY-STATE-ZIP

27 TITLE ☐ Change ☐ Addition

28 NAME

29 STREET ADDRESS

30 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

35 TITLE ☐ Change ☐ Addition

36 NAME

37 STREET ADDRESS

38 CITY-STATE-ZIP

39 TITLE ☐ Change ☐ Addition

40 NAME

41 STREET ADDRESS

42 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA A. LEAHY

4/28/96

Daytime Phone #

CR2E034 (12/95)