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 # **P95000023931 (5)**

1. Corporation Name

ORLANDO SERVICES, INC.

Principal Place of Business	Mailing Address
3905 EL REY ROAD ORLANDO FL 32808-7917	3905 EL REY ROAD ORLANDO FL 32808-7917

3. Date Incorporated or Qualified: **03/23/1995**
3a. Date of Last Report:
4. FEI Number: **59-3305740** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HARTMAN, JAMES C
3905 EL REY ROAD
ORLANDO FL 32808-7917

10. Name and Address of New Registered Agent

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 Section 607.0502 and 607.1506, 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 _____ DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HARTMAN, JAMES C	
STREET ADDRESS	3905 EL REY ROAD	
CITY-ST-ZIP	ORLANDO FL 32808-7917	
TITLE	D	☐ DELETE
NAME	SCHLYTTER, ROBERT O	
STREET ADDRESS	3905 EL REY ROAD	
CITY-ST-ZIP	ORLANDO FL 32808-7917	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

15 TITLE	☐ Change	☐ Addition
16 NAME		
17 STREET ADDRESS		
18 CITY-ST-ZIP		
19 TITLE	☐ Change	☐ Addition
20 NAME		
21 STREET ADDRESS		
22 CITY-ST-ZIP		
23 TITLE	☐ Change	☐ Addition
24 NAME		
25 STREET ADDRESS		
26 CITY-ST-ZIP		
27 TITLE	☐ Change	☐ Addition
28 NAME		
29 STREET ADDRESS		
30 CITY-ST-ZIP		
31 TITLE	☐ Change	☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
35 TITLE	☐ Change	☐ Addition
36 NAME		
37 STREET ADDRESS		
38 CITY-ST-ZIP		

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DEB 3-5-96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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, added or deleted.

SIGNATURE: JAMES C HARTMAN 2-27-96 407-298-2982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #