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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P95000052539(0) 1. Corporation Name Longwood Diversified Services, Inc		

Principal Place of Business 111 W. Magnolia Ave Suite 201 Longwood FL 32750	Mailing Address P.O. Box 1602 Longwood FL 32752-1602
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2. Principal Place of Business 21 111 W. Magnolia Ave Suite, Apt. #, etc. 22 Suite 201 City & State 23 Longwood FL Zip 24 32750	2a. Mailing Address 26 P.O. Box 1602 Suite, Apt. # etc. 27 City & State 28 Longwood FL Zip 29 32752-1602	3. Date Incorporated or Qualified 7/6/95	3a. Date of Last Report	4. FEI Number 59-3346204 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
B1 Name Michael J. Gebaude		B1 Name Michael J. Gebaude	
B2 Street Address (P.O. Box Number is Not Acceptable) 111 W. Magnolia Ave. Ste. 201		B2 Street Address (P.O. Box Number is Not Acceptable) 111 W. Magnolia Ave. Ste. 201	
B3		B3	
B4 City Longwood		B4 City Longwood	
B5 Zip Code 32750		B5 Zip Code 32750	

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 of 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 **Michael J. Gebaude** **Michael J. Gebaude** **7/17/97**

Signature, typed or printed name of registered agent and file, if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Gebaude 111 W. Magnolia Ave Ste 201 Longwood FL 32750	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200002249952--7 -07/29/97--01020--005 ****165.00 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lynn M. Gebaude 111 W. Magnolia Ave. Ste 201 Longwood FL 32750	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition A. Allen 7/23/97

14. I do 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.

SIGNATURE: **Michael J. Gebaude** **Michael J. Gebaude** **7/17/97** **407-332-6645**

Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000052539 (0)

Corporation Name
LONGWOOD DIVERSIFIED SERVICES, INC.

Principal Place of Business
467 WILMA STREET
LONGWOOD FL 32752-1602

Mailing Address
PO BOX 1602
LONGWOOD FL 32752-1602

3. Date Incorporated or Qualified
07/06/1995

3a. Date of Last Report

2. Principal Place of Business
21 111 W. Magnolia Ave

2a. Mailing Address
26 Same

4. FEI Number
59-3346204

Applied For
Not Applicable

Suite, Apt. #, etc.
22 201

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 Longwood

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip
24 32750

Country
25 Seminole

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEBARDE, MICHAEL
467 WILMA STREET
LONGWOOD FL 32750

new address →

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
111 W. Magnolia Ave.
83 Suite 201
84 City
Longwood FL 85 Zip Code
32757

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 Michael J. Gebaude (Michael J. Gebaude)

4/16/96

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MICHAEL, GEBARDE
467 WILMA STREET
LONGWOOD FL 32752-1602 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LYNN, GEBARDE
467 WILMA STREET
LONGWOOD FL 32752-1602 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: Michael J. Gebaude (Michael J. Gebaude)

4/16/96

407-332-6645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #