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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

SIGNATURE: \_

Corporation I RD NI	Name	N SERVICES, INC.	0006765	. (0)						
Principal Place of Business Mailing Address  POST OFFICE BOX 2405  POST OFFICE BOX 2405										
POST OFFICE BOX 2405 POST OFFICE BOX 3 NAPLES FL 33939 NAPLES FL 33939					)					
							3. Date Incorporated or Qualified 08/25/1995	3a. Date of	Last F	Report
Principal Plac	ce of Busine	ss	2a. Mailing Addr	ress			4. FEI Number			Applied For
Suite, Apt. #, etc.			26			65-063025			Not Applicab  Additional	
						5. Certificate of Status Desired		Fee	Required	
City & State			City & State				Election Campaign Financing     Trust Fund Contribution			<b>0</b> May Be d to Fees
Zıp		Country 25	Žip 29	3(	Country	/	B. This corporation has liability for Florida Statutes	r intangible tax u s ☐ No	nder s	199.032,
		and Address of Current	L L		- <del>1</del>	<b>_</b>	10. Name and Address of New		nt	
WII SOI	N GVBA I	•			81	Name				
WILSON, GARY K 4501 TAMIAMI TRAIL NORTH #400 NAPLES FL 33940					82	Street Addr	ass (P.O. Box Number is Not Acceptable)			
					83					
							EI 85 Zip Code			
. Pursuant to or registere familiar with	the provision the provision of agent, or and accept	ons of Sections 607.0502 both, in the State of Florid of the obligations of, Section	and 607.1508, Florid la. Such change was on 607.0505, Florida	la Statutes, ti authorized b Statutes.	he above- by the corp	1	ation submits this statement for the print of directors. I hereby accept the ap	FL		•
NATURE S		ons of Sections 607.0502 both, in the State of Florid of the obligations of, Section of printed name of registered agent of OFFICERS AND	and title flauphsable DIRECTORS	(NOTE: R	he above- by the corp	1		LIPOSE OF CHANGI pointment as reg	ng its i	registered of d agent. I am
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SIGNATURE AND THEED OR PRINTING MAME OF SIGNING OFFICER OR DIRECTOR

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