FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B[redacted]
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000073188 (1)**

1. Corporation Name

STAT SERVICES OF ORLANDO, INC.

Principal Place of Business	Mailing Address
200 ST. ANDREWS BLVD.. #1501 WINTER PARK FL 32792	200 ST. ANDREWS BLVD.. #1501 WINTER PARK FL 32792

3. Date Incorporated or Qualified: **09/12/1995**

3a. Date of Last Report:

2. Principal Place of Business
21: 1000 S. Semoran Blvd
22 Suite, Apt. #, etc.: 807
23 City & State: Winter Park, FL
24 Zip: 32792
25 Country: USA

2a. Mailing Address
26: 1000 S. Semoran Blvd
27 Suite, Apt. #, etc.: 807
28 City & State: Winter Park, FL
29 Zip: 32792
30 Country: USA

4. FEI Number: 59-3344291 ☐ 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

CARRON, SUSAN A
200 ST. ANDREWS BLVD., #1501
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name: SUSAN C. HINDLE
82 Street Address (P.O. Box Number is Not Acceptable): 1000 S. Semoran Blvd # 807
83
84 City: Winter Park FL 85 Zip Code: 32792

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: Susan C. Hindle — SUSAN C. HINDLE — DATE: 4/30/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARRON, SUSAN A 200 ST. ANDREWS BLVD., #1501 WINTER PARK FL 32792 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SUSAN C. HINDLE 1000 S. SEMORAN BLVD, #807 WINTER PARK, FL 32792 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	600001818356 -05/13/96--01036--004 ***200.00 ☐ 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 12 5-1

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)(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: Susan Hindle — 4/15/96 — 657-8577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #