

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000078928 (5)

1. Corporation Name

EXCEL SYSTEM SERVICES, INC.



Principal Place of Business

12000 4TH ST N #71
ST PETERSBURG FL 33716

Mailing Address

12000 4TH ST N #71
ST PETERSBURG FL 33716

2. Principal Place of Business

2a. Mailing Address

21 6104 GALLEON WAY

26 6104 GALLEON WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 TAMPA FL

27 City & State
28 TAMPA FL

24 Zip Country
33615-3635 U

29 Zip Country
33615-3635 30

9. Name and Address of Current Registered Agent

MCGURK, WILLIAM J
12000 4TH ST N #71
ST PETERSBURG FL 33716

3. Date Incorporated or Qualified
10/11/1995

3a. Date of Last Report
10/11/95

4. FEI Number

59-3342101

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

10. Name and Address of New Registered Agent

81 Name MCGURK, WILLIAM J
82 Street Address (P.O. Box Number is Not Acceptable)
6104 GALLEON WAY
83
84 City TAMPA FL 85 Zip Code 33615-3635

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

W. J. McGurk

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when transferring)

3/29/96

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PRESIDENT	CATHERINE C. MCGURK	6104 GALLEON WAY	TAMPA FL 33615-3635	<input type="checkbox"/>
	CATHERINE C. MCGURK	6104 GALLEON WAY	TAMPA FL 33615-3635	<input type="checkbox"/>
VICE PRESIDENT	WILLIAM J. MCGURK	6104 GALLEON WAY	TAMPA FL 33615-3635	<input type="checkbox"/>
	WILLIAM J. MCGURK	6104 GALLEON WAY	TAMPA FL 33615-3635	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY-ST-ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY-ST-ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY-ST-ZIP<td><input type="checkbox"/></td><td><input type="checkbox"/></td></td>	2.4 CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
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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:

W. J. McGurk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

Date

813-854-1073

Telephone Number

CR2E034 (12/95)