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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| 199 DOCUMEN 1. Corporation Name | NT# P9500 0 | | 1 (2) | RPORATIONS | | | |
|--|--|---|-----------------------------|--|-----------------------|--|---|
| U.S.A. STOF | RE SERVICES, INC. | | | | | | |
| Principal Place of Bus | iness | Maling Addres | 3S | - ***** * * * * * * * * * * * * * * * * | | | 00141 JOBEO 18410 ELDVI DIDOV KIDI 1081 |
| 11708 U.S. HWY. 92 EAST SEFFNER FL 33584 | | 11708 U.S. HWY. 92 EAST SEFFNER FL 33584 | | | | Date Incorporated or Qualified 3. | a. Date of Last Report |
| | | | | | | 10/12/1995 | |
| 2. Principal Place of I | Business | 2a. Mailing Ad | dress | | | 4. FEI Number 59 - 3338431 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Suite Apt #, etc | | | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | | | | Fee Hequired |
| City & State | | City & Stat | le | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Ζp | Country 25 | Zφ | 3 | Country | | This corporation has liability for intained Statutes Yes | ngible tax under s. 199.032,] No |
| 9. | Name and Address of Currer | | | | | 10. Name and Address of New Regi | stered Agent |
| | | | | 81 Nar | | | |
| SWARTZ, RON SIX TEN CEN | | | | 82 Stre | eet Addre | ess (P.O. Box Number is Not Acceptable) | |
| 4 | RS AVE., STE. J | ÷ | | 83 | | | |
| TAMPA FL 33 | 604 | | | 84 Crty | | A | Ei 85 Zip Gode |
| or registered age familiar with, and SIGNATURE | ent, or both, in the State of Honda accept the obligations of, Section 1, 1990 on protect care of registers and accept the section of the sec | da Such change w don 607.0505, Hore | as aumonzea da Statutes. | by the corporation the corporation of the corporati | 11 3 OC12** | ation submits this statement for the purposed of directors. I hereby accept the appoint taken residual. ADDITIONS/CHANGES 10 OFFICE | DATE |
| TITLE D | OTTOCKS AN | | DELETE | 1 1 Trible | P | | Change Addition |
| | OLSTROM, THERESA A | | | 1 2 NAME | | ENTMON, MARK E 1708 U.S. HWY. 92 EAST | 1 |
| | 1708 U.S. HWY. 92 EAST EFFNER FL 33584 | | | 1.3 STREET ADDR | | EFFNER FL 33584 | |
| TITLE | | | DELETE | 2 1 DTLE | VI | P | Change Addition |
| NAME | | | | 2.2 NAME 2.3 STREET ADDR | | OLSTROM, THERESA A | 1 |
| STREET ADDRESS CITY+ST-ZIP | | | | 2 4 CiTY - ST - ZiP | SI | 1708 U.S. HWY. 92 EAST EFFNER, FL 33584 | |
| TIFLE | | | DELETE | 3 1 TITLE | S | | Change Addition |
| NAME | | | | 3.2 NAMÉ 3.3 STREET ADDE | ess 11 | OLSTROM, THERESA A 1708 U.S. HWY. 92 EAST | 2 |
| STREET ADDRESS CITY-ST-ZIP | | | | 3.4 CITY - ST-ZIP | | EFFNER, FL 33584 | |
| TITLE . | | | DELETE | 4 1 TillE 42 NAME | T | ENTERMONT MATER E | Change Addition |
| NAME STREE! ADDRESS | | | | 4.3 STREET ADDR | | ENTMON, MARK E 1708 U.S. 92 EAST | |
| CITY-ST-ZIP | | | | 4.4 CITY - \$1 - ZIP | | EFFNER, FL 33584 | ☐ Change ☐ Addition |
| TITLE | | | DELETE | 5 1 TITLE 5 2 NAME | | 00000188 | |
| NAME STREET ADDRESS | | | | 5.3 STREET ADD | RESS | -07/01/960104 | 3001 |
| CHY-ST-ZIP | | | DELETE | 5.4 CITY - \$1 - ZIF | , | ***225.00 | Change Addition |
| TITLE | | | DELETE | 6 1 THUF 6 2 NAME | | | ~ Colla |
| NAME STREET ADDRESS | | | | 63 STREET ADD | RESS | | 12000 |
| CITY-ST-ZIP | | , | al managil - formini | 64 CITY - ST - ZIF | | for the execution stated in Section 119.0 | 7(3/k), Ada Statutes. I further |
| certify that the | rtify that the information supplied information indicated on this an Lan officer or director of the corp ck 12 or Block 13 f changed, o | nua report or suppi soration or the rece | ver or trusteci | empowered to e | nd accur xecute th | for the exemption stated in Section 119.03 ate and that my signature shall have the sa its report as required by Chapter 607, Flor | da Statutes; and that my name |
| SIGNATUR | . 1/22 1 | OR PRINTED NAME OF | 1/2 | STAIN OR DIRECTOR | - | 6-3-96 | (813) 626-600 |