## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000082536** (0)

SUBCONTRACTOR SUPPORT SERVICES, INC.

Principal Place of Business Mailing Address 9434 PALM ISLAND CIRCLE 9434 PALM ISLAND CIRCLE N. FT. MYERS FL 33903-5250 N. FT. MYERS FL 33903 3. Date Incorporated or Qualified 3a. Date of Last Report 10/26/1995 06/25/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 65-0626848 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** MARSHA, BARBARIA 9434 PALM ISLAND CIRCLE Street Address (P.O. Box Number is Not Acceptable) 82 NORTH FORT MYERS FL 33903 В4 City 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Rog stered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6) 12. 13. PRESIDENT Change Addition DELETE 1 1 TITLE TITLE MARSHA BARBARIA BARBARIA, MARSHA 1.2 NAME NAME 9434 PALM ESCANO 9434 PALM ISLAND CIRLCE 1.3 STREET ADDRESS STREET ADDRESS 3*3903* NORTH FORT MYERS FL 1.4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE 2.1 TITLE Change TITLE PRESIDENT POWERS 2.2 NAME NAME 3340 GINGERLILY CT 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP Change DELETE 3 1 TITLE DIRECTOR, SCO, TE.
RICHARD BAKBARIA TITLE 3.2 NAME NAME 9434 PACM TSCAND CIR 3.3 STREET ADDRESS STREET ADDRESS FC 33903 3.4. CITY-ST-ZIP CITY - ST - ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition 5.1 TITLE TITLE

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.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - ST- ZIP

1/11/00

(941)

Change

Addition

FILED

Feb 13 1997 8:00am

Secretary of State