

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000091183 (0)**

1. Corporation Name

**GUARDIANSHIP AND PROBATE SERVICES, INC.**

Principal Place of Business

**14460 SE 175TH ST.  
WEIRSDALE FL 32195**

Mailing Address

**14460 SE 175TH ST.  
WEIRSDALE FL 32195**



3. Date Incorporated or Qualified

**11/28/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc

26

Suite, Apt. #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

**59-3372965**

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. 190.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PREISS, CAROL J  
14460 SE 175TH ST.  
WEIRSDALE FL 32195**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

**FL**

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, and title, if required, and the applicable date.

(Both Registered Agent signature required when registered.)

Date:

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOUSTON, L. TERESA</b>	
STREET ADDRESS	<b>P.O. BOX 208</b>	
CITY-ST-ZIP	<b>BELLEVIEW FL 34421</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PREISS, CAROL J</b>	
STREET ADDRESS	<b>P.O. BOX 537</b>	
CITY-ST-ZIP	<b>WEIRSDALE FL 32195</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE	
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	

21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	

31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	

41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	

51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	

61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol Jean Preiss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Original Filing Fee

CR2E034 (3/96)