FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000097314 (5)

1. Corporation Name

REGENCY MAID SERVICE INC.

Principal Place of Business	Mailing Address
2553 APPALOOSA TRAIL PALM HARBOR FL 34685	2553 APPALOOSA TRAIL PALM HARBOR FL 34685

3. Date Incorporated or Qualified: 12/20/1995
3a. Date of Last Report: N/A.

2. Principal Place of Business		2a. Mailing Address	
21	13902 N. DALE MABRY	26	SAME
22 Suite, Apt #, etc.	SUITE 199	27 Suite, Apt #, etc.	SAME
23 City & State	TAMPA, FL	28 City & State	SAME
24 Zip	33618	29 Zip	SAME
25 Country	USA	30 Country	USA.

4. FEI Number: 59-3360765 ☐ 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 ?not sure.

9. Name and Address of Current Registered Agent

GRYBAUSKAS, NYJOLA S
3631 FIFTH AVE N
ST PETERSBURG FL 33713

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 of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	FAWCETT, KEN	
STREET ADDRESS	2553 APPALOOSA TRAIL	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	DVTS	☐ DELETE
NAME	FAWCETT, CAROLE	
STREET ADDRESS	2553 APPALOOSA TRAIL	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	☐ DELETE
NAME	SUE HARVEY	
STREET ADDRESS	13902 N DALE MABRY, SUITE 199	
CITY-ST-ZIP	TAMPA, FL. 33618.	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. Fawcett 4/29/96 813-269-0465

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

CAROLE FAWCETT

CR2E034 (12/95)