FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
1995 JUL 11 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S02982 (4)

1. Corporation Name
SERVICES 5615, INC.

Principal Place of Business	Mailing Address
5615 PENINSULAR DR. ORLANDO FL 32809 US	709 W. OAK RIDGE RD. ORLANDO FL 32809 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/28/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: PO Box 1273
22: Suite, Apt. #, etc.
23: City & State: GENEVA FL.
24: Zip: 32732
25: Country:

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State:
29: Zip:
30: Country:

4. FEI Number: 59-3028517 ☐ 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

9. Name and Address of Current Registered Agent

FOOTE, ROGER A.
709 W. OAK RIDGE RD.
ORLANDO FL 32809

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	MCINTOSH, NORMAN	1.2 NAME	
STREET ADDRESS	5615 PENINSULAR DR.	1.3 STREET ADDRESS	PO Box 1273
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	GENEVA FL. 32732
TITLE	VP	2.1 TITLE	☒ Change ☐ Addition
NAME	MCINTOSH, ROBERT	2.2 NAME	
STREET ADDRESS	5755 S. TAMPA AVE. B-4	2.3 STREET ADDRESS	PO Box 1273
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	GENEVA FL. 32732
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Street address N/A
N/A

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)(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.

SIGNATURE: Norman McIntosh NORMAN MCINTOSH 349-4004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084740 CP