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

APPROVED AND FILED
95 APR 27 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S07196** **(6)**

1. Corporation Name
FLBMDA SERVICES CORPORATION

Principal Place of Business	Mailing Address
1300 LIMIT AVE. P.O. BOX 65 MT. DORA FL 32757-0065	1300 LIMIT AVE. P.O. BOX 65 MT. DORA FL 32757-0065

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/16/1990**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

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

4. FEI Number: **59-3039418** ☐ 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

CARSON, WILLIAM B.
1301 LIMIT AVE
MONT DORA FL 32757

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	D		11 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	DAWKINS, CLINT	Remove	12 NAME	ED DIETRICH	
STREET ADDRESS	1325 WEST BEAVER STREET		13 STREET ADDRESS	77 S.E. 2ND AVE	
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP	DEERFIELD BEACH FL. 33441	
TITLE	D		21 TITLE	DIRECTOR	☐ Change ☑ Addition
NAME	ALLEN, ROBERT	Remove	22 NAME	SAM DUNN	
STREET ADDRESS	1415 S. FEDERAL HWY.		23 STREET ADDRESS	415 ORANGE AVE	
CITY-ST-ZIP	BOYNTON BEACH FL		24 CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	P →		31 TITLE	PAST PRESIDENT	☑ Change ☐ Addition
NAME	JOYNER, R. TOM III		32 NAME		
STREET ADDRESS	301 SOUTH CENTRAL AVE.		33 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		34 CITY-ST-ZIP		
TITLE	VP →		41 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	SMYTH, DONALD J. SR.		42 NAME		
STREET ADDRESS	6363 EDGEWATER DRIVE		43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		44 CITY-ST-ZIP		
TITLE	T →		51 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	CLARK, YANDLE		52 NAME		
STREET ADDRESS	834 N. MAGNOLIA AVE.		53 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		54 CITY-ST-ZIP		
TITLE	S		61 TITLE	TREASURER	☐ Change ☑ Addition
NAME	CARSON, WILLIAM B.		62 NAME	CHARLES NICHOLSON	
STREET ADDRESS	150 S COUNTY RD 427 #100	same	63 STREET ADDRESS	225 E. OAK ST.	
CITY-ST-ZIP	LONGWOOD FL		64 CITY-ST-ZIP	WAUCHULA FL. 33873	4/5/95

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: William B. Carson 04/24/95 904 383-0566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042946 CP