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 MAY -1 AM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S27791 (0)

1. Corporation Name
APPROVED SERVICES COMPANY INC

Principal Place of Business
985 W FAIRBANKS AVE.
ORLANDO FL 32804-2043

Mailing Address
985 W FAIRBANKS AVE.
ORLANDO FL 32804-2043

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1991
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3051410 — Applied For / Not Applicable

2. Principal Place of Business
2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

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

NGUYEN, CHANH
4409 STREED TERRACE
WINTER PARK FL 32792

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City — FL — 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 ______

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	NGUYEN, CHANH
STREET ADDRESS	4409 STEED TERRACE
CITY-ST-ZIP	WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition

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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-31-95 Daytime Phone #: 407 629 1235

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