

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:29

DOCUMENT # S32590 (9)

1. Corporation Name

SERVICES SUPPORT INC.

Principal Place of Business

250 E MERRITT ISLAND CSWY
SUITE 10
MERRITT ISLAND FL 32952

Mailing Address

PO BOX 540306
MERRITT ISLAND FL 32954

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/18/1991

3a. Date of Last Report
11/15/1993

4. FEI Number
59-3053311

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

2. Principal Place of Business
21 301 MILANOLIA AVE

2a. Mailing Address
26 301 MILANOLIA AVE

Suite, Apt. #, etc.
22 MERRITT ISLAND

Suite, Apt. #, etc.
27 MERRITT ISLAND

City & State
23 FL

City & State
28 FL

Zip Country
24 32952 25 USA

Zip Country
29 32952 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLIEDER, CLAIR E.
250 E MERRITT ISLAND CSWY
MERRITT ISLAND FL 32952

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 terminating

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FLIEDER, CLAIR
250 E MERRITT ISLAND CSWY
MERRITT ISLAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AMORINE, ROBERT
165 ROSEWOOD DRIVE
COCOA FL
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
AMORINE, ROBERT
165 ROSEWOOD DR
COCOA, FL 32926
☒ Change ☐ Addition
DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ 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 110.07(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:

Clair E. Flieder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

467-442-8898