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 5:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S68954** **(4)**

1. Corporation Name
VIKING CAPITAL SERVICES, INC.

Principal Place of Business	Mailing Address
4332 W WATERS AVE. STE 105 SUITE 104-B TAMPA FL 33614 US	4332 W WATERS AVE. STE 105 SUITE 104-B TAMPA FL 33614 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/26/1991**
3a. Date of Last Report: **05/01/1994**

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: **59-3076350** — 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

ERICKSON, DAN O.
5000 S HIMES AVE #332
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name: DAN O. ERICKSON
82 Street Address (P.O. Box Number is Not Acceptable): 4332 W. WATERS AVE., SUITE 104B
83
84 City: TAMPA. FL 85 Zip Code: 33614

11. Pursuant to the provisions of Section 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. Each 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P	91 TITLE	☐ Change ☐ Addition
12 NAME	ERICKSON, DAN O.	92 NAME	
13 STREET ADDRESS	5000 S HIMES AVE #332	93 STREET ADDRESS	
14 CITY ST ZIP	TAMPA FL	94 CITY ST ZIP	
21 TITLE	P	101 TITLE	☐ Change ☐ Addition
22 NAME	MYERS, SHARON L	102 NAME	
23 STREET ADDRESS	8730 N. HIMES AVE., #409	103 STREET ADDRESS	
24 CITY ST ZIP	TAMPA FL	104 CITY ST ZIP	
31 TITLE	D	111 TITLE	☐ Change ☐ Addition
32 NAME	ERICKSON, GEORGINA S	112 NAME	
33 STREET ADDRESS	5000 S. HIMES, AVE., #332	113 STREET ADDRESS	
34 CITY ST ZIP	TAMPA FL	114 CITY ST ZIP	
41 TITLE		121 TITLE	☐ Change ☐ Addition
42 NAME		122 NAME	
43 STREET ADDRESS		123 STREET ADDRESS	
44 CITY ST ZIP		124 CITY ST ZIP	
51 TITLE		131 TITLE	☐ Change ☐ Addition
52 NAME		132 NAME	
53 STREET ADDRESS		133 STREET ADDRESS	
54 CITY ST ZIP		134 CITY ST ZIP	
61 TITLE		141 TITLE	☐ Change ☐ Addition
62 NAME		142 NAME	
63 STREET ADDRESS		143 STREET ADDRESS	
64 CITY ST ZIP		144 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)(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 with changes, if any, noted in the appropriate manner.

SIGNATURE: Dan O. Erickson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAN O. ERICKSON

4-27-95
Date

813-889-0218
Daytime Phone

0897403 CP