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 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S71923** **(4)**

1. Corporation Name

EAST L A SERVICES CORP.

Principal Place of Business	Mailing Address
201 E. JOEL BLVD LEHIGH ACRES FL 33936 US	201 E. JOEL BLVD LEHIGH ACRES FL 33936 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/05/1991	04/26/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **41-1708872** ☐ 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	10. Name and Address of New Registered Agent
TEASLEY, KARLA OLSON 1000 COLOR PLACE APOPKA FL 32703	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	11 TITLE	PD	☒ Change ☐ Addition
NAME	~~PHILLIPS, BERT T.~~	12 NAME	Vierima, Scott W.	
STREET ADDRESS	1000 COLOR PLACE	13 STREET ADDRESS	1000 Color Place	
CITY-ST ZIP	APOPKA FL 32073	14 CITY-ST-ZIP	Apopka, FL 32073	
TITLE	~~VDG~~	21 TITLE	V	☐ Change ☒ Addition
NAME	~~VIERIMA, SCOTT W.~~	22 NAME	Sweat, Charles L.	
STREET ADDRESS	1000 COLOR PLACE	23 STREET ADDRESS	1000 Color Place	
CITY-ST ZIP	~~APOPKA FL~~	24 CITY-ST-ZIP	Apopka, FL 32073	
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	HALVERSON, PHILIP R.	32 NAME	Halverson, Philip R.	
STREET ADDRESS	1000 COLOR PLACE	33 STREET ADDRESS	1000 Color Place	
CITY-ST ZIP	~~APOPKA FL~~	34 CITY-ST-ZIP	Apopka, FL 32073	
TITLE	AC	41 TITLE	AC	☒ Change ☐ Addition
NAME	NATIELLO, JOHN A	42 NAME	Natiello, John A.	
STREET ADDRESS	201 E. JOEL BLVD.	43 STREET ADDRESS	201 East Joel Blvd.	
CITY-ST ZIP	~~LEHIGH ACRES FL~~	44 CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE		51 TITLE	General Manager	☐ Change ☒ Addition
NAME		52 NAME	Ford, J. Wade	
STREET ADDRESS		53 STREET ADDRESS	201 E. Joel Blvd.	
CITY-ST ZIP		54 CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 if changed, or on an attachment with an address.

SIGNATURE: John Natiello, Asst Controller, 04/25/95 813-368-3141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034682 CP