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 20 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S72569** **(4)**

1. Corporation Name

SELECT MANAGEMENT SERVICES, INC.

Principal Place of Business
~~9220 Bonita Beach Rd S 215~~
~~9200 BONITA BEACH RD. STE 210~~
P O BOX 2227
BONITA SPRINGS FL 33959

Mailing Address
~~9220~~
~~9200 BONITA BEACH RD. STE 210~~
P O BOX 2227
BONITA SPRINGS FL 33959

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/12/1991	3a. Date of Last Report: 02/15/1994
4. FEI Number: 31-1331689	☐ 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	2a. Mailing Address
21 9220 Bonita Beach Rd	26 P O Box 2227
Suite, Apt. #, etc. 22 #215	Suite, Apt. #, etc. 27
City & State 23 Bonita Springs FL	City & State 28 Bonita Springs FL
Zip 24 33923 County 25 US	Zip 29 33959 County 30 US

9. Name and Address of Current Registered Agent

~~JONES, ROBERT G.~~
~~1300 CHESAPEAKE AVE~~
~~NAPLES FL 33942~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 9220 Bonita Beach Rd
83 #215
84 City Bonita Springs FL 85 Zip Code 33923

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 Robert G Jones R/A Robert G. Jones 4/17/95
Signature, typed or printed name of registered agent (Must be if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	HAINES, THOMAS B.	12 NAME	
STREET ADDRESS	2027 IMPERIAL GOLF BLD	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	P ☒ Change ☐ Addition
NAME	JONES, ROBERT G.	22 NAME	Jones, Robert G.
STREET ADDRESS	~~1300 CHESAPEAKE AVE~~	23 STREET ADDRESS	9220 Bonita Beach Rd #215
CITY-ST-ZIP	~~NAPLES FL~~	24 CITY-ST-ZIP	Bonita Springs FL 33923
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	HAINES, RICHARD M.	32 NAME	
STREET ADDRESS	1400 CAREW TOWER	33 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☒ Change ☐ Addition
NAME	JAMES, RONALD E.	42 NAME	Delete Ronald E James
STREET ADDRESS	1190 YESICA ANN CR #206	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
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)(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 entry in Block 12.

SIGNATURE: Robert G Jones Robert G Jones 4/17/95 813-947-3337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0461181 FP