2-28-95 B-1623-C

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 MAR -3 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S82579 (1)

1. Corporation Name
BEST SECRETARIAL, INC.

Principal Place of Business	Mailing Address
450 HUNT CLUB BLVD. APOPKA FL 32703	450 HUNT CLUB BLVD. APOPKA FL 32703

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/24/1991
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21 926 Great Pond Drive
Suite, Apt. #, etc.
22
City & State
23 Altamonte Springs, FL
Zip 24 32714-7244 Country 25 Seminole

2a. Mailing Address
26 926 Great Pond Drive
Suite, Apt. #, etc.
27
City & State
28 Altamonte Springs, FL
Zip 29 32714-7244 Country 30 Seminole

4. FEI Number: 59-3083488 ☐ 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

BEST, CAROL L.
450 HUNT CLUB BLVD.
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 926 Great Pond Drive
83
84 City Altamonte Springs, FL 85 Zip Code 32714

11. Pursuant to the provisions of Sections 607.0501 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: Carol L. Best (Registered Agent signature required when mandatory) DATE: 2/7/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BEST, ROLAND W	12 NAME	
STREET ADDRESS	113 SAGEWOOD CRT	13 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	BEST, CAROL L	22 NAME	
STREET ADDRESS	113 SAGEWOOD CRT	23 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	BEST, CAROL L	32 NAME	
STREET ADDRESS	113 SAGEWOOD CRT	33 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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 hereby certify that the information supplied with this filing is accurately maintained 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 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 added to this report with an "X" in Block 13.

SIGNATURE: Carol L. Best
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/95 (407) 774-5226
Date Daytime Phone

0094487 CP