

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martin  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S97735

1. Corporation Name

~~STATS BBS, INC.~~ ~~GOVERNMENT COMPLIANCE SERVICE, INC.~~ ~~GOVERNMENT COMPLIANCE SERVICE, INC.~~ *CONY*



Principal Place of Business

10681 GULF BLVD.  
SUITE 206  
TREASURE ISLAND FL 33706  
US

Mailing Address

10681 GULF BLVD.  
SUITE 206  
TREASURE ISLAND FL 33706  
US

3. Date Incorporated or Qualified  
12/04/1991

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 10681 GULF BLVD. SUITE 206

Suite, Apt., etc.

22 SUITE 206

City & State

23 TREASURE ISLAND, FL

Zip

24 33706

Country

25 US

2a. Mailing Address

26 10681 GULF BLVD.

Suite, Apt., etc.

27 SUITE 206

City & State

28 TREASURE ISLAND, FL

Zip

29 33706

Country

30 US

4. FEI Number  
59-3129719

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

YOUNG, LEO M. SR.  
10681 GULF BLVD.  
SUITE 206  
TREASURE ISLAND FL 33706

81 Name

LEO M. YOUNG, SR.

82 Street Address (P.O. Box Number is Not Acceptable)

10681 GULF BLVD.

83

SUITE 206

84 City

TREASURE ISLAND,

FL

85 Zip Code

33706

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 the filer

(NOTE: Registered Agent signature required when registering)

(DATE)

12 OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D YOUNG, LEO M. SR.  
STREET ADDRESS  
10681 GULF BLVD. SUITE 206  
CITY - ST - ZIP  
TREASURE ISLAND FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

300001890543

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\*\*\*233.75

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 applicable, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 MAY 1996

Date

Daytime Phone #

813-367-6717

CR2E034 (12/95)