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 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V05682** **(2)**

1. Corporate Name

PRIVATE FINANCIAL SERVICE CORPORATION

Principal Office Address	Mailing Address
1430 HIGHLAND AVE. EUSTIS FL 32726	1430 HIGHLAND AVE. EUSTIS FL 32726

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/09/1992**

3a. Date of Last Report: **05/01/1994**

2. Principal Office Address — 21

2a. Mailing Address — 26

4. FEI Number: **65-0313592** ☐ Applied For ☐ Not Applicable

Suite, Apt. # — 22

Suite, Apt. # — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 — County — 25 — Zip — 29 — County — 30

8. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAPRIO, JORETTA A.
245 N. OCEAN BLVD.
STE. 306
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

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 Section(s) 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: (Registered Agent's Signature required only if 10 is completed) (Registered Agent's Typed or Printed Name) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 Title	D	41 Title	☐ Change ☐ Addition
32 Name	DAILEY, JOSEPH DANIEL	42 Name	
33 Street Address	706 E. LAKEVIEW AVE.	43 Street Address	
34 City-St-ZIP	EUSTIS FL	44 City-St-ZIP	
35 Title	DT	45 Title	☐ Change ☐ Addition
36 Name	DAILEY, OMAM MARIE	46 Name	
37 Street Address	706 E. LAKEVIEW AVE.	47 Street Address	
38 City-St-ZIP	EUSTIS FL	48 City-St-ZIP	
39 Title	DPS	49 Title	☐ Change ☐ Addition
40 Name	DAILEY, WILLIAM LAWRENCE	50 Name	
41 Street Address	1361 S. FEDERAL HWY.	51 Street Address	
42 City-St-ZIP	BOCA RATON FL	52 City-St-ZIP	
43 Title		53 Title	☐ Change ☐ Addition
44 Name		54 Name	
45 Street Address		55 Street Address	
46 City-St-ZIP		56 City-St-ZIP	
47 Title		57 Title	☐ Change ☐ Addition
48 Name		58 Name	
49 Street Address		59 Street Address	
50 City-St-ZIP		60 City-St-ZIP	
51 Title		61 Title	☐ Change ☐ Addition
52 Name		62 Name	
53 Street Address		63 Street Address	
54 City-St-ZIP		64 City-St-ZIP	

14. To the best of my knowledge, the information supplied with this report is complete 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 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 1 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: William L. Dailey WILLIAM L. DAILEY 4-28-95 305-477-9655

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0049707 CP

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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V05736 (6)

1. Corporation Name

RON & DOUG TEMPS INC.

Principal Place of Business

3923 LAKE WORTH RD
110
LAKE WORTH FL 33461
US

Mailing Address

PO BOX 1631
PENSACOLA FL 32597
US

APPROVED
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1992
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: 65-0307690 ☐ 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

DOXEY, DOUGLAS J.
10631 CYPRESS BEND DR
BOCA RATON FL 33498

10. Name and Address of New Registered Agent

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	11 TITLE ☐ Change ☐ Addition
NAME	PALMERTON, RON	12 NAME
STREET ADDRESS	5831 VESTAVIA LN	13 STREET ADDRESS
CITY, ST, ZIP	PENSACOLA FL	14 CITY, ST, ZIP
TITLE	STD	21 TITLE ☐ Change ☐ Addition
NAME	DOXEY, DOUGLAS J.	22 NAME
STREET ADDRESS	10631 CYPRESS BEND DR	23 STREET ADDRESS
CITY, ST, ZIP	BOCA RATON FL	24 CITY, ST, ZIP
TITLE		31 TITLE ☐ Change ☐ Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY, ST, ZIP		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 the undersigned hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Arnold Palmerto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95
Date

904-438-4884
Daytime Phone #

0392311 CP