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

FILED
'95 JAN 27 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V25598 (6)

1. Corporation Name
PREMIERE MANAGEMENT SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
40347 US 19 NORTH STE 113 TARPON SPRINGS FL 34689-9224 US	40347 US 19 NORTH STE 113 TARPON SPRINGS FL 34689-9224 US

3. Date Incorporated or Qualified: 04/01/1992
3a. Date of Last Report: 03/04/1994

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 / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-3112313 ☐ 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

SPROWLS, JOSEPH D.
40347 US 19 NORTH
SUITE 116
TARPON SPRINGS FL 34689-9224

10. Name and Address of New Registered Agent

81 Name: Sprowls, Joseph D.
82 Street Address (P.O. Box Number is Not Acceptable): 40347 US 19 North
83: Suite 113
84 City: Tarpon Springs FL 85 Zip Code: 34689-4841

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: Joseph D Sprowls DATE: 1/20/95
By JOSEPH D SPROWLS (Title if applicable)
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	1.1 TITLE		☐ Change ☐ Addition
NAME	~~BABCOCK, ROBERT A.~~	1.2 NAME		
STREET ADDRESS	904 79TH ST. SOUTH	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP		
TITLE	DS	2.1 TITLE		☐ Change ☐ Addition
NAME	~~BOYLE, PATRICIA M.~~	2.2 NAME		
STREET ADDRESS	904 79TH ST. SOUTH	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP		
TITLE	DP	3.1 TITLE	P/S	☒ Change ☐ Addition
NAME	SPROWLS, JOSEPH D.	3.2 NAME	Sprowls, Joseph D	
STREET ADDRESS	1452 BAY VIEW	3.3 STREET ADDRESS	1452 Bay View	
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	Tarpon Springs, FL	
TITLE	VD	4.1 TITLE	V/T	☒ Change ☐ Addition
NAME	SPOONSTER, JANET K.	4.2 NAME	Spoonster, Janet K	
STREET ADDRESS	934 SEMINOLE BLVD.	4.3 STREET ADDRESS	934 Seminole Blvd	
CITY-ST-ZIP	TARPON SPRINGS FL	4.4 CITY-ST-ZIP	Tarpon Springs, FL	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Janet K Spoonster 1/20/95 (813)934-3227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Janet K Spoonster

0587768 CP