

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Tallahassee, FL 32399
Secretary of State
TALLAHASSEE, FLORIDA 32399

**APPROVED
AND
FILED**

95 MAY -1 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V34682

(7)

1. Corporation Name

PRODUCTIVE SOFTWARE & SERVICES, INC.

Principal Place of Business

**721 TEAL LANE
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**721 TEAL LANE
ALTAMONTE SPRINGS FL 32701**

3. Date Incorporated or Qualified

05/07/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3122882

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 applied for a single purpose statute under Chapter 607, Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

2b. Mailing Address

26

State Apt. # etc.

22

State Apt. # etc.

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City & State

23

City & State

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9. Name and Address of Current Registered Agent

**WESTMORELAND, HOLLY D.
721 TEAL LANE
ALTAMONTE SPRINGS FL 32701**

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 607.05(2) and 607.15(6), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the 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 607.05(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required for all filings)

Signature of Registered Agent (Required for all filings)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	P
NAME	WESTMORELAND, HOLLY D
STREET ADDRESS	721 TEAL LANE
CITY & STATE	ALTAMONTE SPRINGS FL
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	
NAME	
STREET ADDRESS	
CITY & STATE	

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. NAME	
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. NAME	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. NAME	
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.05(2)(a), 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 receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *Holly D Westmoreland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Holly D Westmoreland

4-26-95

407-834-2642