

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/09/95--01094--025
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # V 51993
1. Corporation Name
VIP COURTESY SERVICE, INC.

Principal Place of Business: 3100 UNIVERSITY BLVD, S. SUITE 200 JACKSONVILLE FL 32216
Mailing Address: 3100 UNIVERSITY BLVD, SUITE 200 JACKSONVILLE FL 32216

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
7/17/92	4/29/94
4. FEI Number	Applied For
89-3168606	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of Now Registered Agent
CLARKSON PATRICIA H. 3100 UNIVERSITY BLVD, S. SUITE 200 JACKSONVILLE FL 32216	81 Name DEBAIE H. MONTALVO 82 Street Address (P.O. Box Number is Not Acceptable) 3100 UNIVERSITY BLVD S. SUITE 200 83 84 City JACKSONVILLE FL 85 Zip Code 32216

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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: *Debaie H. Montalvo* DATE: 4-27-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/C	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKSON CHARLES A	12 NAME	
STREET ADDRESS	3100 UNIVERSITY BLVD S, S 200	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32216	14 CITY - ST - ZIP	
TITLE	D/P	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKSON ROBERT W	22 NAME	
STREET ADDRESS	3100 UNIVERSITY BLVD S, STE 200	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32216	24 CITY - ST - ZIP	
TITLE	D/V	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARNELL JACK	32 NAME	
STREET ADDRESS	3100 UNIVERSITY BLVD S, STE 200	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32216	34 CITY - ST - ZIP	
TITLE	S/T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKSON PATRICIA H	42 NAME	
STREET ADDRESS	3100 UNIVERSITY BLVD S, STE 200	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL 32216	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 my attachment with an address.

SIGNATURE: *Charles A. Clarkson* DATE: 4/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CHARLES A. CLARKSON