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

DOCUMENT # **V60018** (1)

1. Corporate Name
SENIOR SHAREHOLDER SERVICES, INC.

Principal Place of Business	Mailing Address
2654 CLUBHOUSE DR N CLEARWATER FL 34621 US	2654 CLUBHOUSE DR N CLEARWATER FL 34621 US

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1992
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business
21 2671 3RD AVE N.
22 Suite, Apt. #, etc.
23 City & State: CLEARWATER FL
24 Zip: 34619 25 Country: US

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 59-3141325 ☐ 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
BENNETT, DEBORAH A. 1946 LOS LOMAS CLEARWATER FL 34623	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	D	1 TITLE	☒ Change ☐ Addition
NAME	CARTER, CHARLES C.	1 NAME	
STREET ADDRESS	2654 CLUBHOUSE DR N	1 STREET ADDRESS	2671 3RD AVE NORTH
CITY-ST-ZIP	CLEARWATER FL	1 CITY-ST-ZIP	
TITLE		2 TITLE	☐ Change ☐ Addition
NAME		2 NAME	
STREET ADDRESS		2 STREET ADDRESS	
CITY-ST-ZIP		2 CITY-ST-ZIP	
TITLE		3 TITLE	☐ Change ☐ Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(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: C Carter C. C. CARTER PRES 4/28/95 813 725-4794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE

0387637 CP