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 APR -7 AM 5:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V62172** **(4)**

1. Corporation Name

RESIDENTIAL/COMMERCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
1202 SW 1ST AVE. UNIT C-104 BOCA RATON FL 33432	1202 SW 1ST AVE. UNIT C-104 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 11198 MANDARIN ST.
22: Suite, Apt. #, etc.
23: City & State: BOCA RATON, FL
24: Zip: 33428
25: Country:

2a. Mailing Address
26: 11198 MANDARIN ST.
27: Suite, Apt. #, etc.
28: City & State: BOCA RATON, FL.
29: Zip: 33428
30: Country:

4. FEI Number: 65-0354317 ☐ 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

GREANY, JOHN K.
1202 S.W. 1ST AVENUE
C104
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: CLOWES, DAVID A., SR.
82 Street Address (P.O. Box Number is Not Acceptable): 11198 MANDARIN ST.
83:
84 City: BOCA RATON FL 85 Zip Code: 33428

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: DAVID A. CLOWES, SR. - PRES. 1/24/95
(Typed or printed name of registered agent and title if agent is a corporation) (Registered agent's signature required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P ☒ Change ☐ Addition
NAME	GREANY, JOHN K.	12 NAME	CLOWES, DAVID A., SR.
STREET ADDRESS	1202 S.W. 1ST AVENUE, C-104	13 STREET ADDRESS	11198 MANDARIN ST.
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	BOCA RATON, FL 33428
TITLE	VP	21 TITLE	VP ☐ Change ☒ Addition
NAME	CLOWES, DAVID A.	22 NAME	CLOWES, CAROLINE A.
STREET ADDRESS	1198 MANDARIN	23 STREET ADDRESS	11198 MANDARIN ST.
CITY ST ZIP	BOCA RATON FL	24 CITY ST ZIP	BOCA RATON, FL 33428
TITLE		31 TITLE	RETIRED - NOT AN OFFICER OR DIRECTOR ☒ Change ☐ Addition
NAME		32 NAME	GREANY, JOHN K.
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 do hereby certify that this information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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: DAVID A. CLOWES, SR. - PRES. 1/24/95 407-487-1081
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Telephone Number)

0289388 CP