

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V66863** (4)

1. Corporation Name

HTP SERVICES, INC.

Principal Place of Business

**8446 NORTHWEST 16TH STREET
CORAL SPRINGS FL 33071**

Mailing Address

**8446 NORTHWEST 16TH STREET
CORAL SPRINGS FL 33071**



3. Date Incorporated or Qualified

09/24/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **1133 BAL HARBOR BLVD** 26 **SAME AS 2**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#1139-219**

27

23 **PUNTA GORDA, FL**

28

24 **33950**

Country

CHARLOTTE

29

Country

30

4. FEI Number

65-0362856

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

**MARSH, SHARON
8446 NORTHWEST 16TH STREET
CORAL SPRINGS FL 33071**

81 Name

MARSH, ROBERT

82 Street Address (P.O. Box Number is Not Acceptable)

1133 BAL HARBOR BLVD.

83

#1139-219

84 City

PUNTA GORDA, FL

85

Zip Code

33950

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P**
MARSH, SHARON
STREET ADDRESS **8446 NW 16 STR**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE

NAME **T**
MARSH, ROBERT W.
STREET ADDRESS **8446 NW 16 STREET**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P

MARSH, SHARON

1133 BAL HARBOR BLVD. #1139-219

PUNTA GORDA, FL 33950

T

MARSH, ROBERT W.

1133 BAL HARBOR BLVD. #1139-219

PUNTA GORDA, FL 33950

☒ Change ☐ Addition

☒ Change ☐ Addition

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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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

(941) 578-1430

CR2E034 (12/95)