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 20 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **346087** **(0)**

1. Corporation Name
BLISS CONSULTANTS, INC.

Principal Place of Business	Mailing Address
2227 HERSCHEL ST. JACKSONVILLE FL 32204	~~2227 HERSCHEL ST.~~ ~~JACKSONVILLE FL 32204~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/13/1969**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1261795**	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 4215 Southpoint Blvd,
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite #100
City & State 23	City & State 28 Jacksonville, FL
Zip 24 / Country 25	Zip 29 32216 / Country 30

9. Name and Address of Current Registered Agent

BLISS, THOMAS M.
2227 HERSCHEL ST.
JACKSONVILLE FL 32204

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 607.0502 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	11 TITLE	☐ Change ☐ Addition
NAME	~~BLISS,WILLIAM M~~	12 NAME	
STREET ADDRESS	~~5046 YACHT CLUB RD.~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	BLISS, THOMAS M.	22 NAME	
STREET ADDRESS	1849 MALLORY ST.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	
TITLE	VPD	31 TITLE	☐ Change ☐ Addition
NAME	BLISS, WILLIAM M. JR.	32 NAME	
STREET ADDRESS	4225 ORTEGA BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BLISS, MARY M.	42 NAME	
STREET ADDRESS	5046 YACHT CLUB RD.	43 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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 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: X Thomas M. Bliss 3-31-95 904-384-4300
SIGNATURE AND TYPED OR PRINTED NAME OF PRINCIPAL OFFICER OR DIRECTOR — Thomas M. Bliss — Date — Daytime Phone #

000880 CP