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 # **846293** **(9)**

1. Corporation Name
APAC-FLORIDA, INC.

Principal Place of Business
1451 MYRTLE ST.
SARASOTA FL 34234
US

Mailing Address
PO BOX 14000
LEXINGTON KY 40512
US

3. Date Incorporated or Qualified: 06/23/1980
3a. Date of Last Report: 04/18/1995

2. Principal Place of Business
21 Street Address
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Street Address
27 City & State
28 Zip 29 Country 30

4. FEI Number: 58-1401476 — 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
CT CORPORATION SYSTEM
660 EAST JEFFERSON STREET
TALLAHASSEE FL 32301

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 607.0505 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. The 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 ☒ DELETE	TITLE	Director ☐ Change ☒ Addition
NAME	RICHARDSON, E K	NAME	Ogren, Eldon L.
STREET ADDRESS	500 SOUTH FLORIDA AVE	STREET ADDRESS	900 Ashwood Parkway
CITY, ST, ZIP	LAKELAND FL	CITY, ST, ZIP	Atlanta, GA 30338
TITLE	DP ☐ DELETE	TITLE	☐ Change ☐ Addition
NAME	DONOFRIO, DAVID A	NAME	
STREET ADDRESS	4975 79TH DR E.	STREET ADDRESS	
CITY, ST, ZIP	SARASOTA FL	CITY, ST, ZIP	
TITLE	VAS ☐ DELETE	TITLE	☐ Change ☐ Addition
NAME	JONES, H. WAYNE	NAME	200001714262
STREET ADDRESS	5304 SLIGH RD.	STREET ADDRESS	-02/14/96--01011--009
CITY, ST, ZIP	LAKELAND FL	CITY, ST, ZIP	***200.00
TITLE	ASAT ☐ DELETE	TITLE	☐ Change ☐ Addition
NAME	PACE, M. R	NAME	
STREET ADDRESS	3499 DABNEY DRIVE	STREET ADDRESS	
CITY, ST, ZIP	LEXINGTON KY	CITY, ST, ZIP	
TITLE	ST ☐ DELETE	TITLE	☐ Change ☐ Addition
NAME	SCOTT, GARY	NAME	
STREET ADDRESS	2829 SEQUOYAH DR	STREET ADDRESS	
CITY, ST, ZIP	HAINES CITY FL	CITY, ST, ZIP	
TITLE	ATS ☒ DELETE	TITLE	Asst. Sec./Asst. Treas. ☐ Change ☒ Addition
NAME	MEEHAN, ROBERT E.	NAME	Ellis, Charles D.
STREET ADDRESS	900 ASHWOOD PKWY	STREET ADDRESS	3499 Dabney Drive
CITY, ST, ZIP	ATLANTA GA	CITY, ST, ZIP	Lexington, KY 40509

14. I declare, certify, that the information supplied with the change, voluntary, 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 is entered in Block 12 if unchanged, with an asterisk.

SIGNATURE: Charles D. Ellis — 1-24-96 — 606/357-7681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E034 (12/95)