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 MAR 29 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #J27741

1. Corporation Name
Professional Business Owner's Association, Inc.

Principal Place of Business	Mailing Address
1800 Second St. #909 Sarasota, Fl 34236	1800 Second Street #909 Sarasota, Fl 34236

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 8/7/86
3a. Date of Last Report: 3/1/94

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-2990067 ☐ 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

B & C Corporate Services of Central Florida
390 N. Orange Ave #1100
1051 Winderley Place
Orlando, Fl. 32801

10. Name and Address of New Registered Agent

81 Name: Lori A. Lovgren
82 Street Address (P.O. Box Number is Not Acceptable): c/o Adorno & Zeder
83: 2255 Glades Road #342 W
84 City: Boca Raton, FL 85 Zip Code: 33431

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], LORI A. LOVGREN (NOTE: Registered Agent signature required when reinstating) DATE: 3/10/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D,S,Tr.	11 TITLE	D,S	☒ Change ☐ Addition
NAME	Jack Inman	12 NAME	Jack Inman	
STREET ADDRESS	520 Virginia Drive	13 STREET ADDRESS	1800 Second Street #909	
CITY-ST-ZIP	Winter Park, Fl	14 CITY-ST-ZIP	Sarasota, Fl 34236	
TITLE	D,P	21 TITLE	D,C	☒ Change ☐ Addition
NAME	G. Wayne Harris	22 NAME	G. Wayne Harris	
STREET ADDRESS	1800 Second Street, #975	23 STREET ADDRESS	1800 Second Street #909	
CITY-ST-ZIP	Sarasota, Fl 34236	24 CITY-ST-ZIP	Sarasota, Fl 34236	
TITLE	D	31 TITLE	D,T	☒ Change ☐ Addition
NAME	H. Lincoln Miller	32 NAME	H. Lincoln Miller	
STREET ADDRESS	1800 Second Street, #975	33 STREET ADDRESS	1800 Second Street, #909	
CITY-ST-ZIP	Sarasota, Fl 34236	34 CITY-ST-ZIP	Sarasota, Fl 34236	
TITLE		41 TITLE	P	☐ Change ☒ Addition
NAME		42 NAME	George B. Swindell	
STREET ADDRESS		43 STREET ADDRESS	1800 Second Street #909	
CITY-ST-ZIP		44 CITY-ST-ZIP	Sarasota, Fl 34236	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS	300001444553	
CITY-ST-ZIP		54 CITY-ST-ZIP	-03/31/95--01019--007	
TITLE		61 TITLE	****208.75	☐ ****208.75 Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		CH

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)(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: George B. Swindell, PRESIDENT 3/14/95 (800) 224-0793
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE OR DIRECTOR — DATE — Daytime Phone #