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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:27

DOCUMENT # **J30260** **(0)**

1. Corporation Name
PENSION PLAN PROFESSIONALS, INC.

Principal Place of Business	Mailing Address
101 CENTURY 21 DR. SUITE 202 JACKSONVILLE FL 32216 US	C/O LEBOEUF, LAMB, GREENE, & MACRAE 50 N LAURA ST., SUITE 2800 JACKSONVILLE FL 32202 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/22/1986**
3a. Date of Last Report: **05/01/1994**

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: **59-2720707** ☐ 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

SMITH, DALE F.
101 CENTURY 21 DR.
SUITE 202
JACKSONVILLE FL 32216

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	DP	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, DALE F.	12 NAME	
STREET ADDRESS	101 CENTURY 21 DR., SUITE 202	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY ST ZIP	
TITLE	~~DST~~	21 TITLE	D/S/T ☐ Change XX ☐ Addition
NAME	~~SAVOIE, CHERI E.~~	22 NAME	Meshke, Marsha
STREET ADDRESS	~~101 CENTURY 21 DR., SUITE 202~~	23 STREET ADDRESS	101 Century 21 Drive, Suite 202
CITY-ST-ZIP	~~JACKSONVILLE FL~~	24 CITY ST ZIP	Jacksonville, FL 32216
TITLE	~~V~~	31 TITLE	D ☐ Change XX ☐ Addition
NAME	~~SAVOIE, CHERI E.~~	32 NAME	Rothenhausler, Sharon
STREET ADDRESS	~~101 CENTURY 21 DR., SUITE 202~~	33 STREET ADDRESS	101 Century 21 Drive, Suite 202
CITY-ST-ZIP	~~JACKSONVILLE FL~~	34 CITY ST ZIP	~~Jacksonville, FL 32216~~
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 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 the 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: Dale F. Smith 4/6/95 904/727-7539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
Dale F. Smith, President

0013713 CP