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 -3 PM 5:53

DOCUMENT # **L41730** **(7)**

1. Corporation Name
FLEABUSTERS OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
3435 PHILLIPS HIGHWAY SUITE A306 JACKSONVILLE FL 32207	3435 PHILLIPS HIGHWAY SUITE A306 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/08/1990
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business	2a. Mailing Address
21 5065-1 ST. AUGUSTINE RD.	26 5065-1 ST. AUGUSTINE RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 JACKSONVILLE FLORIDA	28 JACKSONVILLE, FLORIDA
24 Zip 32207 / 25 Country U.S.	29 Zip 32207 / 30 Country U.S.

4. FEI Number: 59-2989038 — ☐ 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

BISTROW, JAMES A.
4052 LONDON ROAD
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

01 Name: JAMES A. BISTROW
02 Street Address (P.O. Box Number is Not Acceptable)
03 4305 GADSDEN COURT
04 City: JACKSONVILLE FL 05 Zip Code: 32207

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: James A Bistrow — JAMES A. BISTROW PRESIDENT — DATE: 1/11/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when name changes)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	DIRECTOR ☑ Change ☐ Addition
NAME	BISTROW, JAMES A.	12 NAME	JAMES A. BISTROW
STREET ADDRESS	4052 LONDON ROAD	13 STREET ADDRESS	4305 GADSDEN COURT
CITY ST ZIP	JACKSONVILLE FL 32207	14 CITY ST ZIP	JACKSONVILLE, FLORIDA 32207
TITLE	D	21 TITLE	DIRECTOR ☑ Change ☐ Addition
NAME	AMACKER, WILLIAM A.	22 NAME	WILLIAM E. AMACKER
STREET ADDRESS	4412 HOOD ROAD	23 STREET ADDRESS	8130 BLAINE MEADOWS DRIVE
CITY ST ZIP	JACKSONVILLE FL 32257	24 CITY ST ZIP	JACKSONVILLE, FLORIDA 32257
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
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 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 asterisk.

SIGNATURE: James A Bistrow — 1/11/95 — (904) 346-3532
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone Number

0018A00 CP