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 MAY -1 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38105 (3)

1. Corporation Name
SMALL BUSINESS RESOURCES, INC.

Principal Place of Business	Mailing Address
2110 W. 23RD ST. STE. A PANAMA CITY FL 32405 US	2110 W. 23RD ST STE. A PANAMA CITY FL 32405 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/24/1992
3a. Date of Last Report: 07/20/1994

2. Principal Place of Business	2a. Mailing Address
21 300 Broad Street	26 300 Broad Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Elizabethton, TN	28 City & State: Elizabethton TN
24 Zip: 37643 25 County: Carter	29 Zip: 37643 30 County: Carter

4. FEI Number: 62-1488307 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	P	11 TITLE	P ☑ Change ☐ Addition
NAME	CAMPBELL, LETITIA	12 NAME	Campbell, Letitia
STREET ADDRESS	2100 WEST 23RD ST., SUITE A	13 STREET ADDRESS	300 Broad Street
CITY-ST-ZIP	PANAMA CITY FL	14 CITY-ST-ZIP	Elizabethton, TN 37643
TITLE	V	21 TITLE	☒ Change ☐ Addition
NAME	BARRON, BETH	22 NAME	
STREET ADDRESS	2110 WEST 23RD ST., SUITE A	23 STREET ADDRESS	Delete
CITY-ST-ZIP	PANAMA CITY FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	LAPORTE, SAM J.	32 NAME	
STREET ADDRESS	ONE CITIZENS PLAZE, #301	33 STREET ADDRESS	
CITY-ST-ZIP	ELIZABETHTON TN	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	LAPORTE, JOE, III	42 NAME	
STREET ADDRESS	ONE CITIZENS PLAZA, #301	43 STREET ADDRESS	
CITY-ST-ZIP	ELIZABETHTON TN	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LAPORTE, CHRISTOPHER	52 NAME	
STREET ADDRESS	1160 DAIRY ASHFORD #500	53 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	LAPORTE, STEPHEN	62 NAME	
STREET ADDRESS	1160 DAIRY ASHFORD #500	63 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	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 address.

SIGNATURE: Letitia Campbell 4-17-95 615-542-1619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0080414 CP