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 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J61347 (7)

1. Corporation Name

JANIS A. METSKER, M.A., P.A.

Principal Place of Business
906 F MAR-WALT DRIVE
FORT WALTON BEACH FL 32547-6752

Mailing Address
906 F MAR-WALT DRIVE
FORT WALTON BEACH FL 32547-6752

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1987
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21
State Apt # etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
State Apt # etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2785349 ☐ 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

METSKER, JANIS A.
906 F MAR-WALT DRIVE
FORT WALTON BEACH FL 32547

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 [signature] MA

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	METSKER, JANIS A.
STREET ADDRESS	448 CAVIAR DR.
CITY-ST-ZIP	FT WALTON BCH. FL
TITLE	T
NAME	METSKER, ROBERT C.
STREET ADDRESS	448 CAVIAR DR.
CITY-ST-ZIP	FT. WALTON BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary, 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: Janis A. Metsker, MA. PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JANIS A. METSKER, M.A., P.A. PRES.

5-1-95
Date

904-244-2439
Daytime Phone #

0470078 FF