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Annual Report  
filed 7-13-95

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2 pgs.

**PLEASE NOTE: INFORMATION WILL BE DISCLOSED ON OR AFTER JANUARY 1, 1978.**  
**ADDED BY THE FDIC SYSTEMS GROUP, 3000 OF BUNNELL ROAD, COLUMBUS MISSISSIPPI 39201-3070**

**PROFIT CORPORATION ANNUAL REPORT 1995**



**FLORIDA DEPARTMENT OF STATE**  
 Sandra B. Mathews  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

1995 JUL 13 AM 9:00

SECRETARY OF STATE  
 LAHASSEE, FLORIDA

**DOCUMENT # 314339 (3)**

1. Corporation Name  
**P4E NATIONWIDE, INC.**

Principal Place of Business Mailing Address  
**4614 PHILLIPS HIGHWAY JACKSONVILLE FL 32207** **4614 PHILLIPS HIGHWAY JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/27/1967</b>	3a. Date of Last Report <b>10/11/1994</b>
4. FE Number <b>58-1262808</b>	Applied For <input type="checkbox"/> NOT APPLIED
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	22a. Mailing Address
22. Suite, Apt. #, etc.	22b. Suite, Apt. #, etc.
23. City & State	23. City & State
24. Zip	24. Zip
25. Country	25. Country

8. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 S. 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 necessary)

12. OFFICERS AND DIRECTORS	
TITLE <b>TR</b>	<b>WHYAKER, LLOYD T.</b> <b>4614 PHILLIPS HWY.</b> <b>JACKSONVILLE FL</b>
TITLE <b>VP</b>	<b>TOMM, CHARLES B.</b> <b>4614 PHILLIPS HWY.</b> <b>JACKSONVILLE FL</b>
TITLE	
TITLE	
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), Florida Statutes. I hereby 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 as an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-95 904-731-0380

C-2584 (3-95)