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 APR 28 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 667062

1. Corporation Name

Occupational Analysis, Inc.

Principal Place of Business | Mailing Address

000001472640
-05/03/95--01034--004
DO NOT WRITE IN THIS SPACE ****200.00 ****200.00

3. Date Incorporated or Qualified	3a. Date of Last Report
5/1/1980	4/20/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 1301 Riverplace Blvd	26 1301 Riverplace Blvd	59-2013054	Applied For ☐ Not Applicable ☐
Suite, Apt. #, etc: 22 Suite 1901	Suite, Apt. #, etc: 27 Suite 1901	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State: 23 Jacksonville FL	City & State: 28 Jacksonville, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 32207 25 U.S.	29 32207 30 U.S.	Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name: Landau, Fraxine Clair, ESQ
	82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd
	83 Suite 1950
	84 City: Jacksonville FL 85 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 _____ DATE

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	King, Jr., James E.	12 NAME	
STREET ADDRESS	1301 Riverplace Blvd, Suite 1901	13 STREET ADDRESS	
CITY ST ZIP	Jacksonville, FL 32207	14 CITY ST ZIP	
TITLE	PST	21 TITLE	☐ Change ☐ Addition
NAME	Stevenson, Ralph C	22 NAME	
STREET ADDRESS	1301 Riverplace Blvd, Suite 1901	23 STREET ADDRESS	
CITY ST ZIP	Jacksonville, FL 32207	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	Whipple, Paula E.	32 NAME	
STREET ADDRESS	6333 Custer Road	33 STREET ADDRESS	
CITY ST ZIP	Orange Park, FL	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 address.

SIGNATURE: Paula E Whipple Paula E Whipple 4/1/95 904/388-7971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number