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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **667062** **(4)**

1. Corporation Name
OCCUPATIONAL ANALYSIS, INCORPORATED

Principal Place of Business	Mailing Address
1301 RIVERPLACE BLVD. SUITE 1901 JACKSONVILLE FL 32207	1301 RIVERPLACE BLVD. SUITE 1901 JACKSONVILLE FL 32207-9062

2. Principal Place of Business 21 1301 Riverplace Blvd Suite, Apt. #, etc. 22 Suite 700 City & State 23 Jacksonville, FL Zip 24 32207 Country 25	2a. Mailing Address 26 1301 Riverplace Blvd Suite, Apt. #, etc. 27 Suite 700 City & State 28 Jacksonville, FL Zip 29 32207 Country 30

3. Date Incorporated or Qualified: 04/17/1980
3a. Date of Last Report: 04/11/1996
4. FEI Number: 59-2013054 ☐ 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	10. Name and Address of New Registered Agent
LANDAU, FRANCINE CLAIR 1301 RIVERPLACE BLVD. SUITE ~~1850~~ 140 JACKSONVILLE FL 32207	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 name is changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STEVENSON, RALPH C.	1.2 NAME	
STREET ADDRESS	1301 RIVER PLACE BLVD. SUITE 1901	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	
TITLE	C ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KING, JAMES E. JR.	2.2 NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD. SUITE 1901	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WHIPPLE, PAULA E.	3.2 NAME	
STREET ADDRESS	6333 CUSTER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Barbara Schneider	4.2 NAME	
STREET ADDRESS	1301 Riverplace Blvd.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville FL 32207	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 above or on an attached supplemental page.

SIGNATURE: Paula E Whipple 4/18/97 904-398-5464