

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 668633 (1)

1. Corporation Name

PBS, INC.



Principal Place of Business

Mailing Address

435 CLARK RD. S606  
P.O. BOX 40565  
JACKSONVILLE FL 32218-9986  
US

435 CLARK RD. S606  
P.O. BOX 40565  
JACKSONVILLE FL 32218-9986  
US

2. Principal Place of Business

2a. Mailing Address

21 5541 ARLINGTON RD

26 5541 ARLINGTON RD

Suite, Apt. #, etc

Suite, Apt. #, etc

22 SUITE 3

27 SUITE 3

City & State

City & State

23 JACKSONVILLE, FL

28 JACKSONVILLE, FL

Zip Country

Zip Country

24 32211 25 32211 26 32211 27 32211 28 32211 29 32211 30 32211

29 32211 30 32211

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARDEN, ERNEST  
5541 ARLINGTON RD  
SUITE 3  
JACKSONVILLE 32211

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 (typed or printed name of registered agent and his/her applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☒ DELETE

NAME BEGLEY, ROBERT E. JR.  
STREET ADDRESS 435 CLARK RD S606  
CITY - ST - ZIP JACKSONVILLE FL

TITLE P ☐ DELETE

NAME HARDEN, ERNEST D  
STREET ADDRESS 5541 ARLINGTON RD #3  
CITY - ST - ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/96 904 745-3332

CR2E034 (3/96)