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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 2:59

DOCUMENT # **F52174** **(2)**

1. Corporation Name
J. KEVIN BING, C.P.A., P.A.

Principal Place of Business	Mailing Address
2320 SOUTH THIRD STREET, SUITE 9 JACKSONVILLE BEACH FL 32250-4057 US	2320 SOUTH THIRD STREET, SUITE 9 JACKSONVILLE BEACH FL 32250-4057 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/01/1981**
3a. Date of Last Report: **03/10/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-2130731** ☐ 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. 199.042 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BING, BJ
2320 S. 3RD STREET, SUITE 9
JACKSONVILLE BEACH FL 32250

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature is required where indicated.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	S	☒ Change ☐ Addition
NAME	BING, BJ	12 NAME		
STREET ADDRESS	2320 S. 3RD ST., SUITE 9	13 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE BCH FL	14 CITY ST ZIP		
TITLE	VP	21 TITLE	PTD	☒ Change ☐ Addition
NAME	BING, J.K.	22 NAME		
STREET ADDRESS	2320 S. 3RD ST. STE 9	23 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE BCH FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		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 absolutely true and correct as required for the exemption stated in Section 119.07, 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 attachment with an address.

SIGNATURE: J. Kevin Bing J. Kevin Bing 2-18-95 (904) 246-6444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (DATE) (Daytime Phone Number)

0020378 CP