FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F90316** **(3)**

1. Corporation Name
EDUCATORS FINANCIAL SERVICES, INC.

Principal Place of Business
1100 CESERY BLVD., STE 14
P.O. BOX 8748
JACKSONVILLE FL 32211

Mailing Address
1100 CESERY BLVD., STE 14
P.O. BOX 8748
JACKSONVILLE FL 32211

3. Date Incorporated or Qualified: 07/12/1982
3a. Date of Last Report: 04/14/1995

2. Principal Place of Business
21 1309 St. Johns Bluff Rd. N.
Suite, Apt. #, etc.
22 Suite A-4
City & State
23 JACKSONVILLE FL.
Zip 24 32225
Country 25 Duval

2a. Mailing Address
26 P.O. Box 8748
Suite, Apt. #, etc.
27
City & State
28 JACKSONVILLE FL.
Zip 29 32239
Country 30 Duval

4. FEI Number: 59-2205142 — 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
STALLINGS, PARKS J JR
3930 UNIV CLUB BLVD
JACKSONVILLE FL 32211

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: Parks J. Stallings — Date: 4-30-96

12. OFFICERS AND DIRECTORS

TITLE	ST	☐ DELETE
NAME	STALLINGS, MARTHA D	
STREET ADDRESS	3930 UNIV CLUB BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	PC	☐ DELETE
NAME	STALLINGS, PARKS J JR	
STREET ADDRESS	3930 UNIV CLUB BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	D	☐ DELETE
NAME	GAINES, JOHN	
STREET ADDRESS	206 S MONROE ST	
CITY-ST-ZIP	TALLAHASSEE, FL 00000	
TITLE	V	☐ DELETE
NAME	MOORE, RUFUS T	
STREET ADDRESS	1100 CESERY BLVD, SUITE 14	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	MOORE, SUSAN E	
STREET ADDRESS	4251-404 MONUMENT RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	600001829716	
3.4 CITY-ST-ZIP	05/20/96--01055--002	
4.1 TITLE	***200.00	☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Parks J. Stallings, Dir. — 4-30-96 — (904) 641-6800

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

CR2E034 (12/95)

5/16/96