FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 30 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 # **F90316** **(3)**

1. Corporation Name
EDUCATORS FINANCIAL SERVICES, INC.

Principal Place of Business
1309 ST. JOHNS BLUFF RD. N.1
SUITE A-4
JACKSONVILLE FL 32225

Mailing Address
P.O. BOX 8748
JACKSONVILLE FL 32239-0748

3. Date Incorporated or Qualified: **07/12/1982**
3a. Date of Last Report: **05/01/1996**

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

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**~~ 3951 Muirfield Blvd. E.
~~**JACKSONVILLE FL 32211**~~ Jacksonville FL. 32225

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3951 Muirfield Blvd E.
83
84 City: Jax. FL 85 Zip Code: 32225

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] Parks J. Stallings, JR 4-23-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ST	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	STALLINGS, MARTHA D		1.2 NAME		
STREET ADDRESS	3930 UNIV CLUB BLVD		1.3 STREET ADDRESS	3951 Muirfield Blvd. E.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		1.4 CITY-ST-ZIP	Jax. FL 32225	
TITLE	PC	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	STALLINGS, PARKS J JR		2.2 NAME		
STREET ADDRESS	3930 UNIV CLUB BLVD		2.3 STREET ADDRESS	3951 Muirfield Blvd E.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000		2.4 CITY-ST-ZIP	Jax. FL. 32225	
TITLE	D	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GAINES, JOHN		3.2 NAME		
STREET ADDRESS	206 S MONROE ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 00000		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, RUFUS T		4.2 NAME		
STREET ADDRESS	1100 CESERY BLVD, SUITE 14		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, SUSAN E		5.2 NAME		
STREET ADDRESS	4251-404 MONUMENT RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		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		

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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/23-97 (904) 641-6800

CR2E034 (9/96)