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 JAN 31 AM 9:09

DOCUMENT # F90902 (0)

1. Corporation Name
JSB MANAGEMENT CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% JANICE M ORAVEC 13201 OLD CRYSTAL RIVER RD. BROOKSVILLE FL 34601	% JANICE M ORAVEC 13201 OLD CRYSTAL RIVER RD. BROOKSVILLE FL 34601

3. Date Incorporated or Qualified: 07/15/1982
3a. Date of Last Report: 03/17/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2218886 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 / 29; Country — 25 / 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ORAVEC, JANICE M
14459 COUNTY LINE ROAD
BROOKSVILLE FL 34609

10. Name and Address of New Registered Agent

81 Name: Beverly Lowman
82 Street Address (P.O. Box Number is Not Acceptable): 13201 Old Crystal River Road
83
84 City: Brooksville FL 85 Zip Code: 34601

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: Beverly Lowman, Beverly Lowman director — 1/27/95
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	D	1.1 TITLE	☐ Change ☒ Addition
NAME	ORAVEC, JANICE M	1.2 NAME	
STREET ADDRESS	14459 COUNTY LINE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	zip 34609
TITLE	PD	2.1 TITLE	☒ Change ☐ Addition
NAME	TAYLOR, SHARON L	2.2 NAME	Taylor, Sharon
STREET ADDRESS	14459 COUNTY LINE RD	2.3 STREET ADDRESS	13209 Old Crystal River Road
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	LOWMAN, BEVERLY A	3.2 NAME	Lowman, Beverly
STREET ADDRESS	14459 COUNTY LINE RD	3.3 STREET ADDRESS	13201 Old Crystal River Road
CITY-ST-ZIP	BROOKSVILLE FL	3.4 CITY-ST-ZIP	Brooksville, FL 34601
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 is voluntarily furnished and 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: Beverly Lowman — Beverly Lowman — 1/27/95 — (904) 796-3049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0354386 CP