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

APPROVED AND FILED

95 MAY -1 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001928 (0)**

1. Corporation Name

PROVIDENCE GROUP CORPORATION

Principal Place of Business	Mailing Address
ONE COLUMBUS CENTER SUITE 600 VIRGINIA BEACH VA 23462	ONE COLUMBUS CENTER SUITE 600 VIRGINIA BEACH VA 23462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/14/1994**

3a. Date of Last Report:

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: **54-1607105** ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 change(s) 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	61 TITLE	☐ Change ☐ Addition
NAME	MELLON, JACK R	62 NAME	
STREET ADDRESS	121 SHOCKOE SLIP	63 STREET ADDRESS	
CITY ST ZIP	RICHMOND VA	64 CITY ST ZIP	
TITLE	VSD	65 TITLE	☐ Change ☐ Addition
NAME	MAXWELL, PETER J	66 NAME	
STREET ADDRESS	121 SHOCKOE SLIP	67 STREET ADDRESS	
CITY ST ZIP	RICHMOND VA	68 CITY ST ZIP	
TITLE	V	69 TITLE	☐ Change ☐ Addition
NAME	PRUDHOE, SCOTT	70 NAME	
STREET ADDRESS	121 SHOCKOE SLIP	71 STREET ADDRESS	
CITY ST ZIP	RICHMOND VA	72 CITY ST ZIP	
TITLE		73 TITLE	☐ Change ☐ Addition
NAME		74 NAME	
STREET ADDRESS		75 STREET ADDRESS	
CITY ST ZIP		76 CITY ST ZIP	
TITLE		77 TITLE	☐ Change ☐ Addition
NAME		78 NAME	
STREET ADDRESS		79 STREET ADDRESS	
CITY ST ZIP		80 CITY ST ZIP	
TITLE		81 TITLE	☐ Change ☐ Addition
NAME		82 NAME	
STREET ADDRESS		83 STREET ADDRESS	
CITY ST ZIP		84 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is absolutely true and correct, and that the computation stated in Section 119.07(1)(b), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and correct 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 with an asterisk (*) or on an attachment with an asterisk.

SIGNATURE: _____ Peter J. Maxwell Sec'y 4-5-95 (804)648-6255

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

0474002 FP