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 MAR 30 AM 9:27

DOCUMENT # **J54171** **(0)**

1. Corporation Name
PROFESSIONAL SERVICES OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
600 E. DIXIE AVENUE LEESBURG FL 34748	600 E. DIXIE AVENUE LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1987
3a. Date of Last Report: 03/28/1994

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: 59-2756942 ☐ 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

ROBUCK, JR., H.D., ESQUIRE
610 EAST MAIN STREET
LEESBURG FL 34748

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 _____ DATE
Signature required for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filed alone)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	PD	☒ Change ☐ Addition
NAME	TURNER, ROBERT J	12 NAME	Giffin, James R.	
STREET ADDRESS	600 E DIXIE AVE	13 STREET ADDRESS	600 E. Dixie Avenue	
CITY ST ZIP	LEESBURG FL	14 CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	DC	21 TITLE	CD	☒ Change ☐ Addition
NAME	ENTORF, RICHARD C	22 NAME	Williams, James A.	
STREET ADDRESS	1648 LOVES POINT DR	23 STREET ADDRESS	501 W. Meadows Street	
CITY ST ZIP	LEESBURG FL	24 CITY-ST-ZIP	Leesburg, FL 34748	
TITLE	DST	31 TITLE		☐ Change ☐ Addition
NAME	MCCONNELL, R. PATTON	32 NAME		
STREET ADDRESS	6640 WOODY COURT	33 STREET ADDRESS		
CITY ST ZIP	LEESBURG FL	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 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 above, or on an attachment with an address.

SIGNATURE: _____ R. Patton McConnell 3/24/95 904-323-5001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Secretary/Treasurer

0378033 CP