

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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AND  
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95 MAY -1 11:10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J62641 (2)**

1. Corporation Name  
**PCR, INC.**

Principal Place of Business <b>8570 PHILLIPS HWY. STE 101 JACKSONVILLE FL 32256-8273</b>	Mailing Address <b>8570 PHILLIPS HWY. STE 101 JACKSONVILLE FL 32256-8273</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>03/19/1987</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2806216</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
JACKSONVILLE FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
<b>1200 South Pine Island Road</b>
83
84 City <b>Plantation</b>
85 FL
86 Zip Code <b>33324</b>

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>
NAME	<b>HARRIS, D. GEORGE</b>
STREET ADDRESS	<b>8570 PHILLIPS HWY #101</b>
CITY, ST, ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>VP</b>
NAME	<b>DONAHUE, RICHARD J.</b>
STREET ADDRESS	<b>8570 PHILLIPS HWY #101</b>
CITY, ST, ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>P</b>
NAME	<b>WOTIZ, ARTHUR</b>
STREET ADDRESS	<b>8570 PHILLIPS HWY #101</b>
CITY, ST, ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>VP</b>
NAME	<b>LESTER, ROBERT M.</b>
STREET ADDRESS	<b>8570 PHILLIPS HWY #101</b>
CITY, ST, ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>S</b>
NAME	<b>KILPATRICK, DONALD G.</b>
STREET ADDRESS	<b>8570 PHILLIPS HWY #101</b>
CITY, ST, ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>T</b>
NAME	<b>NICK, RICHARD J.</b>
STREET ADDRESS	<b>8570 PHILLIPS HWY #101</b>
CITY, ST, ZIP	<b>JACKSONVILLE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *RM Lester*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 (904)376-8246