

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J68431** (2)
1. Corporation Name
PUBLIC FINANCIAL ADMINISTRATIVE SERVICES, INC.



Principal Place of Business
**8660 COLLEGE PARKWAY, SUITE 230
FT. MYERS FL 33909
US**

Mailing Address
**8660 COLLEGE PARKWAY, SUITE 230--
P O BOX 60674
FT. MYERS FL 33906-6674
US**

2. Principal Place of Business
21 **12734 Kenwood Lane**
Suite, Apt., #, etc.
22 **Suite 85**
City & State
23 **Fort Myers FL**
Zip
24 **33907** Country
25 **LCC**

2a. Mailing Address
26
Suite, Apt., #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
04/15/1987

3a. Date of Last Report
04/14/1995

4. FEI Number
59-2798412

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**BENNETT, PHILIP C.
8867 MC GREGOR BLVD
FT MYERS FL 33901**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1920 Virginia Avenue
83
Apt 1303
84 City
Fort Myers FL 85 Zip Code
33901

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 **Philip C Bennett**

DATE **1/31/96**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PD	BENNETT, PHILIP C.	8867 MCGREGOR BLVD.	FT. MYERS FL	☐
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
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TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	5. CHANGE	6. ADDITION
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	☐	☐
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	☐	☐
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	☐	☐
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	☐	☐
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	☐	☐
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	☐	☐
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	☐	☐
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	☐	☐
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	☐	☐

14. I do hereby certify that the information supplied with this form was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(k), 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 as an attachment with an address.

SIGNATURE: **Philip C Bennett**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/31/96**
941-277-3900
Daytime Phone #

CR2E034 (12/95)