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 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J74887** **(7)**

1. Corporation Name

COR/PRO, INC.

Principal Place of Business	Mailing Address
P.O.BOX 1974 PONTE VEDRA BEACH FL 32004-1974	P.O.BOX 1974 PONTE VEDRA BEACH FL 32004-1974

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1987	3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2818807	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

LISTON, PHILIP J.
924 PONTE VEDRA BLVD
PONTE VEDRA BCH. FL 32082

10. Name and Address of New Registered Agent

01	Name
02	Street Address (P.O. Box Number is Not Acceptable)
03	
04	City: FL / 05 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	LISTON, PHILIP J.	12 NAME		
STREET ADDRESS	924 PONTE VEDRA BLVD	13 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH. FL	14 CITY-ST-ZIP		
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	LISTON, PARTICIA E.	22 NAME		
STREET ADDRESS	924 PONTE VEDRA BLVD	23 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH. FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☑ Change ☐ Addition
NAME	LJUNGHOLM, PEGEEN	32 NAME	Pegeen Liston, Pegeen	
STREET ADDRESS	924 PONTE VEDRA BLVD	33 STREET ADDRESS	924 Ponte Vedra Blvd	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	34 CITY-ST-ZIP	Ponte Vedra Bch FL	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	LISTON, CHRISTOPHER	42 NAME		
STREET ADDRESS	918 PONTE VEDRA BLVD	43 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH. FL	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 if changed or added on an attachment with an address.

SIGNATURE: Philip J. Liston 4/24/95

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

0000807 CP