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 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J87917 (7)

1. Corporation Name
CORE CONCEPTS SOUTHEAST, INC.

Principal Place of Business
826 CREIGHTON. STE A100
PENSACOLA FL 32504-4028

Mailing Address
826 CREIGHTON. STE A100
PENSACOLA FL 32504-4028

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1987
3a. Date of Last Report: 07/20/1994
4. FEI Number: 59-2832298 — 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

2. Principal Place of Business
21 7423 LINDBERGH DR.
Suite, Apt. #, etc.
22
City & State
23 GAITHERSBURG, MD
Zip
24 20879
Country
25 MONTGOMERY

2a. Mailing Address
26 7423 LINDBERGH DR.
Suite, Apt. #, etc.
27
City & State
28 GAITHERSBURG, MD
Zip
29 20879
Country
30 MONTGOMERY

9. Name and Address of Current Registered Agent

HUGGARD, JERRY A.
3781 SCENIC RIDGE DRIVE
PENSACOLA FL 32514

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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HUGGARD, JERRY A.
STREET ADDRESS	3781 SCENIC RIDGE DRIVE
CITY ST ZIP	PENSACOLA FL
TITLE	CD
NAME	PISARRA, JOSEPH B.
STREET ADDRESS	8001 KERRY LANE
CITY ST ZIP	CHEVY CHASE MD
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☒ Change ☐ Addition
1 2 NAME	HUGGARD, JERRY A	
1 3 STREET ADDRESS		
1 4 CITY ST ZIP	(PLEASE DELETE)	
2 1 TITLE	P	☐ Change ☒ Addition
2 2 NAME	RICHARD A. BYRD	
2 3 STREET ADDRESS	17811 OLD BALTIMORE RD.	
2 4 CITY ST ZIP	OLNEY, MD 20832	
3 1 TITLE	S.	☐ Change ☒ Addition
3 2 NAME	BENJAMIN H. SWOPE	
3 3 STREET ADDRESS	2012 HOWARD CHAPEL TURN	
3 4 CITY ST ZIP	CROFTON, MD 21114	
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY ST ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY ST ZIP		

6/12

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)(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 on an attachment with an address.

SIGNATURE: BENJAMIN H. SWOPE 4/27/95 (301) 975-9696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0386002 CP