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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 10:44

DOCUMENT # **K56912** **(4)**

1. Corporation Name
M & B BUSINESS SERVICES, INC.

Principal Place of Business	Mailing Address
1857 WELLS ROAD SUITE 207 ORANGE PARK FL 32073 US	C/O JOHN L. BROSSEAU 1559 PAWNEE ST ORANGE PARK FL 32065 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26 1857 WELLS RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SUITE 207
City & State 23	City & State 28 ORANGE PARK
Zip 24 / Country 25	Zip 29 FL / Country 30 USA

3. Date Incorporated or Qualified: 01/10/1989
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-2925803 (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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROSSEAU, JOHN L.
1559 PAWNEE ST
ORANGE PARK FL 32065

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1857 WELLS RD #
83 SUITE 207
84 City: ORANGE PARK FL 85 Zip Code: 32073

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: John L. Brosseau — JOHN L. BROSSEAU — 2/8/95
(Signature, Title(s) or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when new/changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P ☒ Change ☐ Addition
NAME	BROSSEAU, JOHN L.	12 NAME	
STREET ADDRESS	1559 PAWNEE ST	13 STREET ADDRESS	1857 WELLS RD # 207
CITY-ST-ZIP	ORANGE PARK FL	14 CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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 complete, accurate and current; and that I am duly authorized by the laws of the State of Florida to execute this certificate. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall be a representation 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: John L. Brosseau — JOHN L. BROSSEAU 2/8/95 904 264 1527
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0006536 CP