FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **K75163** **(1)**

1. Corporation Name
MITIGATION SERVICES, INC.

Principal Place of Business
8711 PERIMETER PARK VLVD.. SUITE #11
JACKSONVILLE FL 32216

Mailing Address
8711 PERIMETER PARK VLVD.. SUITE #11
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: 03/24/1989
3a. Date of Last Report: 02/21/1995
4. FEI Number: 59-2948609 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 ____
Suite, Apt. #, etc. 22 ____
City & State 23 ____
Zip 24 ____ Country 25 ____

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

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

9. Name and Address of Current Registered Agent

HIEB, E. ALLAN, JR.
1301 GULF LIFE DR
SUITE 1500
JACKSONVILLE FL 32256

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 Nancy C. Zyski, President — DATE Jan 22, 1996

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	ROBINSON, I. RHODES, JR.	
STREET ADDRESS	8711 PERIMETER PK BL #11	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	☐ DELETE
NAME	ZYSKI, NANCY C.	
STREET ADDRESS	8711 PERIMETER PK BL #11	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	☐ DELETE
NAME	ROBINSON, SARAH S	
STREET ADDRESS	8711 PERIMETER PARK BLVD, STE 11	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

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: Nancy C. Zyski V. President Jan 22, 1996 904-645-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)