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 APR 24 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K77120** **(9)**

1. Corporation Name

PROFESSIONALLY YOURS, BARBARA, INC.

Principal Place of Business	Mailing Address
C/O BARBARA A. OLSON 1201 S.E. 33RD TERRACE CAPE CORAL FL 33904	C/O BARBARA A. OLSON 1201 S.E. 33RD TERRACE CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/03/1989
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21 1342 SE 46th LANE
Suite, Apt. #, etc.
22 SUITE #3
City & State
23 CAPE CORAL, FL.
Zip 24 33904 Country 25 USA

2a. Mailing Address
26 1342 SE 46th LANE
Suite, Apt. #, etc.
27 SUITE #3
City & State
28 CAPE CORAL, FL.
Zip 29 33904 Country 30 USA

4. FEI Number: 65-0117150 ☐ 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

9. Name and Address of Current Registered Agent

OLSON, BARBARA A.
1201 S.E. 33RD TERRACE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1342 SE. 46th LANE
83 SUITE #3
84 City CAPE CORAL FL 85 Zip Code 33904

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 Barbara A. Olsen, President BARBARA A. OLSON 4/12/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST	11 TITLE	☐ Change ☐ Addition
NAME	OLSON, BARBARA A.	12 NAME	
STREET ADDRESS	1201 S.E. 33RD TERRACE	13 STREET ADDRESS	1342 SE 46th LANE SUITE #3
CITY ST ZIP	CAPE CORAL FL	14 CITY-ST-ZIP	CAPE CORAL, FLA. 33904
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY-ST ZIP	000001465010
TITLE		31 TITLE	-04/26/95--01040-008 ☐ Change ☐ Addition
NAME		32 NAME	****200.00 ****200.00
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	LW 4-24-95

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: Barbara A. Olsen BARBARA A. OLSON, PRES. 4/12/95, 813-549-9817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0320281 CP