

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **L01296** (7)

1. Corporation Name
PROFESSIONAL BUILDING CARE, INC.

03/23/1994
PROFESSIONAL BUILDING CARE
LAKELAND, FLORIDA

Principal Place of Business Meeting Address
**2404 NEW JERSEY ROAD
LAKELAND FL 33803-3334**

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business		2a. Meeting Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/10/1989	03/23/1994
22		27		4. FEI Number	Applied For
23		28		59-2964042	NOT APPLICABLE
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Post Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Has corporation been found guilty for violation of laws under Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WHITE, NORMAN 2404 NEW JERSEY ROAD LAKELAND FL 33803-3334				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

11. Pursuant to the provisions of Sections 607.01(3) and 607.01(2) Florida Statutes, the above named corporation admits this statement for the purpose of changing its registered office or registered agent 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 a resident of the State of Florida.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADULTERATED BANKERS' OFFICERS AND DIRECTORS	
NAME	PD WHITE, NORMAN 2402 NEW JERSEY ROAD LAKELAND FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD RAGAN, DONNIE 2404 NEW JERSEY RD. LAKELAND FL	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Florida Statutes Chapter 607 that the information is confidential. The information reported is supplemental annual financial information and is not confidential. That any information shall have the same confidential status as much as other information that is an officer or director of the corporation or the treasurer or another officer or director. This report is prepared by a registered Florida Statutes, and that my name appears on the Florida Department of State's records as an officer or director with an address:

SIGNATURE: *Norman White*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
Norman White - President

4/30/95 (813) 687-9222