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 12:52

SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M73171** **(4)**

1. Corporation Name

PROFESSIONAL ACCOUNTING AND BUSINESS CONSULTANTS , INCORPORATED

Principal Place of Business	Mailing Address
C/O MARY BLACK 5188 SIESTA DEL RIO DR. JACKSONVILLE FL 32258	C/O MARY BLACK 5188 SIESTA DEL RIO DR. JACKSONVILLE FL 32258

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/22/1988**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 445 State Road 13 #21
22: Suite, Apt. # or P.O. Box
23: City & State: Jacksonville Fl
24: Zip: 32259
25: County: USA

2a. Mailing Address
26: Same As Above
27: Suite, Apt. # or P.O. Box
28: City & State
29: Zip
30: County

4. FEI Number: **59-2879598** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Director Campaign Financing (Trust Fund Contribution) ☐ — **$5.00** May Be Added to Fees

8. This corporation has/will have employees subject to the provisions of the Florida Workers' Compensation Law. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BLACK, MARY
5188 SIESTA DEL RIO DR.
JACKSONVILLE FL 32258

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 Section 607.0505, 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:

12. OFFICER AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
Title	SD	Title	☐ Change ☐ Addition
Name	BLACK, DONALD R.	Name	
Street Address	5188 SIESTA DEL RIO DR.	Street Address	
City-St-Zip	JACKSONVILLE FL	City-St-Zip	
Title	PD	Title	☐ Change ☐ Addition
Name	BLACK, MARY C.	Name	
Street Address	5188 SIESTA DEL RIO DR.	Street Address	
City-St-Zip	JACKSONVILLE FL	City-St-Zip	
Title	VP	Title	☐ Change ☐ Addition
Name	BLACK, DONALD R.	Name	
Street Address	5188 SIESTA DEL RIO DR.	Street Address	
City-St-Zip	JACKSONVILLE FL	City-St-Zip	
Title	TD	Title	☐ Change ☐ Addition
Name	RAYMOND, JOHN MELTON	Name	
Street Address	3629 PEACH DRIVE	Street Address	
City-St-Zip	JACKSONVILLE FL	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I hereby certify that the information indicated on this report or supplemental annual report is true and accurate and that my signature shall be a legal and valid electronic signature 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 added above.

SIGNATURE: Mary Black 3/30/95 904 287-4904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0400187 FP