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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N06498

121

| FLORIDA PLUMBING STUDENT LOANS OF VOLUSIA, INC. Principal Place of Business Mailing Address 395 DOYLE ROAD 395 DOYLE ROAD | | | | | | | | |
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| PO BOX 70 OSTEEN FL 3 | 32764 | PO BOX 70 OSTEEN FL 32764 | | | | | | |
| COLUMN TE VETOT | | USIEEN FL 32/04 | | | 3. Date Incorporated or Qualified 3a. Date of Last Rep. 05/01/1995 | | | |
| ¬ · | lace of Business | 2a. Mailing Address | | | 4. FEI Number | \ | | Applied For |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc | | | 59-2465819 | | | Not Applicable |
| 2 | | 27 | | | 5. Certificate of Status Desired | | | Additional Required |
| City & State | e | City & State | | | 6. Election Campaign Financin | g 🗀 | \$5.0 | 0 Мау Ве |
| Zip | Country | 28 Zip | Count | ^ | Trust Fund Contribution 8. This corporation has liability | | | to Fees |
| 1 | 25 | 29 | 30 | | Florida Statutes | Yes | | 199.032, |
| | 9. Name and Address of Curr | ent Registered Agent | | 1 Name | 10. Name and Address of Ne | w Registered A | Agent | |
| 395 DOY | DXDALE DRIVE YLE ROAD I FL 32764 | | 8 8 | 3 | fress (P.O. Box Number is Not Accep | ptable) | 8 Zip | Code |
| ii. Pursuant t | to the provisions of Sections 617.05 | 02 and 617.1508, Florida St | atutes, the above | -named corpo | oration submits this statement for the | purpose of cha | inging its re | egistered offic |
| familiar wit | th, and accept the obligations of, Se Signature, typed or printed hence of registered ag | orida Such change was auth ection 617,0503, Fiorida Stati | iorized by the cor | poration's boa | ard of directors. I hereby accept the a | appointment as | registered | agent. I am |
| familiar wit | Signature, typed or printed twee or respectived ago OFFICERS A | ent and the mapplease | OFFIZER OF THE CONTROL OFFI THE CONTROL OFFI THE PROJECT OF THE CONTROL OFFI THE CONTROL OF | poration's boa | ard of directors. I hereby accept the a | DATE OFFICERS AND | registered | agent. I am |
| familiar wit IGNATURE 2. ILE AME | Signature, based or purind rean ord registered ago OFFICERS A PTD BRAZEE, GUY W. | ection 617.0503, Fiorida State ection 617.0503, Fiorida State ection the rapidate AND DIRECTORS | (NOTE: Registered Ag 11.1 TILE 1.2 NAMI | poration s boa | ard of directors. I hereby accept the a | DATE OFFICERS AND | registered | agent. I am |
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

1-27-96 407-323 -5788

Dayone Phone #