FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24999 (7)

1. Corporation Name

PRODUCERS COUNCIL OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4134 ST. AUGUSTINE RD. P.O. BOX 5973 JACKSONVILLE FL 32247-5973	4134 ST. AUGUSTINE RD. P.O. BOX 5973 JACKSONVILLE FL 32247-5973

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1988
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-2868868 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ZART, CARL
4314 ST. AUGUSTINE RD.
JACKSONVILLE FL 32207

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ROSE, JOHN	1.2 NAME		
STREET ADDRESS	404 LAKESHORE DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL	1.4 CITY-ST-ZIP	SAME	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	FELL, JIM	2.2 NAME		
STREET ADDRESS	521 WHISPERWOOD DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	SAME	
TITLE	VD	3.1 TITLE		☑ Change ☐ Addition
NAME	PETERSON, DAVID	3.2 NAME	Mark Lutz	
STREET ADDRESS	5520 W 12TH ST	3.3 STREET ADDRESS	716 B Industry Rd	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Longwood, Fl 32750	
TITLE	STD	4.1 TITLE		☐ Change ☐ Addition
NAME	HUNTER, DONNIE	4.2 NAME		
STREET ADDRESS	1461 OTOES PLACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	SAME	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	FAIL, RICK	5.2 NAME		
STREET ADDRESS	10909-11 ATLANTIC BLVD	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	SAME	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donnie Hunter Donnie Hunter 4-17-95 904-287-9211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000497