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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF COMPORATIONS

1996

WORKERS COMPENSATION ANONYMOUS, INC. Principal Place of Business Mailing Address Principal Place of Business										
O DRAWER 16007 ACKSONVILLE FL 32245	5-6007	JACKSONVILLE		6007		3. Date Incorporated or Qualified 03/07/1989	d 3a. Da	ote of Last Re 06/30/199	port 95	
Description of the second	2008	2a. Mailing Addre	ess -			4. FEI Number		Apı	plied For	
Principal Place of Busin	HGSS	26. Mailing Address				59-2991199		\$8.75 A	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #,	, etc.			5. Certificate of Status Desired	x×x	\$8.75 A		
0. 00.		City & State				6. Election Campaign Financing	. 	\$5.00	May Be	
City & State		City & State				Trust Fund Contribution		Added 1	to Fees	
Zip	Country	Zip		Country	,	This corporation has liability f Florida Statutes	∐ Yes 🚛	TNO	.03.052,	
·	25	29		30]		Florida Statutes 10. Name and Address of Nev				
9. Nam	ne and Address of Curre	ent registered Agent		81	Name					
OUTH 4415	FS F			82	1	ress (P.O. Box Number is Not Accep	otable)			
GILLILAND, JAME 7211 CRANE AVI										
7211 CRANE AVI	-			83	'					
STE #3 #ACKSONVILLE I	FL 32216			64	City		FL	85 Zip	Code	
				1 - 1	1 1				gistered office	
Pursuant to the prover registered agent, familiar with, and ac	visions of Sections 617.050 or both, in the State of Flo cept the obligations of, Se	02 and 617.1508, Florid orida. Such change was action 617.0503, Florida	da Statutes, s authorized a Statutes	, the above- t by the corp	named corpor poration's boa	oration submits this statement for the ard of directors. I hereby accept the a	 purpose of cn appointment a 	s registered a	agent. I am	
familiar with, and acc signature, typ	ped or printed name of registered ag-	ection 617,0503, Florida pent and title if applicable AND DIRECTORS	a Statutes	Flegistered Age	ent signature requiré	oration submits this statement for the aird of directors. I hereby accept the aird whomenstating ADDITIONS CHANGES TO	DATE	ND DIRECTOR		
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SIGNATURE:

MANORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-96 1-904-396-9911

Date