FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

DOCUMENT # N93000003276 (3)

EMPACT RESOURCE SERVICE CENTER, INC.

Principal Place of Business	Mailing Address
3530 1ST AVE N STE 207 ST. PETERSBURG FL 33713 US	PO BOX 0117 ST PETERSBURG FL 33731-0117 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1993
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-3196080 — 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 XX — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21 3510 1st Avenue North	26
Suite, Apt. #, etc. 22 Suite 124	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg, Fl	City & State 28
Zip 24 33713 Country 25 USA	Zip 29 Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBINSON, BESSIE 3530 1ST AVE N, STE 207 ST. PETERSBURG FL 33713	81 Name: Bessie Robinson 82 Street Address (P.O. Box Number is Not Acceptable): 3510 1st Avenue North 83 Suite 124 84 City: St. Petersburg FL 85 Zip Code 33713

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 Bessie Robinson, Director [signature] 3/13/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DIRECTOR (XX Change ☐ Addition)
NAME	ROBINSON, BESSIE	1.2 NAME	Robinson, Bessie
STREET ADDRESS	3530 1ST AVE N	1.3 STREET ADDRESS	3510 1st Avenue North
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, Fl. 33713
TITLE	DST	2.1 TITLE	Director (XX Change ☐ Addition)
NAME	SMITH, EVELYN V	2.2 NAME	Smith, Evelyn V.
STREET ADDRESS	3530 1ST AVE N	2.3 STREET ADDRESS	3510 1st Avenue North
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, Fl. 33713
TITLE	VP DIRECTOR	3.1 TITLE	Director (XX Change ☐ Addition)
NAME	BOOKER, BETTY	3.2 NAME	Booker, Betty
STREET ADDRESS	3530 FIRST AVE N	3.3 STREET ADDRESS	3510 1st Avenue North
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, Fl 33713
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: [signature] Bessie Robinson, Director — 3/13/95 — (813) 327-2142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0056462