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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:12

DOCUMENT # P22903 (9)

1. Corporation Name

PROFESSIONAL EMPLOYEES ASSOCIATION'S VOLUNTARY E MPLOYEES BENEFICIARY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~7236 STATE RD 52, STE 9 BAYONET PT FL 34667~~	~~7236 STATE RD 52, STE 9 BAYONET PT FL 34667~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1989
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2926272 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 10780 Pamela Ct	26 Same as #2
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 New Port Richey, FL	City & State 28
Zip 24 34654 Country 25 USA	Zip 29 Country 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MALLARD, PAMELA P. ~~7236 STATE RD 52, STE 9~~ ~~BAYONET PT FL 34667~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 10780 Pomelo Ct 83 New Port Richey FL 84 City FL 85 Zip Code 34654

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: Pamela P Mallard — 4/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MALLARD, PAMELA P.	12 NAME	
STREET ADDRESS	10780 POMELO CT.	13 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	KNAPP, KAREN	22 NAME	
STREET ADDRESS	11249 108TH LANE N	23 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	Mr William D. Gable Jr, Director	32 NAME	
STREET ADDRESS	9009 Seminole Blvd	33 STREET ADDRESS	
CITY-ST-ZIP	Seminole, FL 34642	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	RECEIPT FOR COPY 1
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(k), 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: Pamela P Mallard — 4/10/95 — 813 857 9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087800