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 MAY -1 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P22904 (7)

1. Corporation Name
PROFESSIONAL EMPLOYEES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~7230 STATE RD 52, STE 9~~ ~~BAYONET POINT FL 34667~~	~~7230 STATE RD 52, STE 9~~ ~~BAYONET POINT FL 34667~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1989
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-2926239 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 10780 Pomelo Ct.
22: Suite, Apt. #, etc.
23: City & State: New Port Richey, FL
24: Zip: 34654 25: Country: USA

2a. Mailing Address
26: same as #2
27: Suite, Apt. #, etc.
28: City & State
29: Zip 30: Country

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

MALLARD, PAMELA P.
~~7230 STATE RD 52, STE 9~~
~~BAYONET POINT FL 34667~~

10. Name and Address of New Registered Agent

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 — 4/12/95
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	1.1 TITLE	☐ Change ☐ Addition
NAME	MALLARD, PAMELA P.	1.2 NAME	
STREET ADDRESS	10780 POMELA CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, MARY	2.2 NAME	
STREET ADDRESS	11821 PASCO TERRACE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	D Director	3.1 TITLE	☐ Change ☐ Addition
NAME	Karen Knapp	3.2 NAME	
STREET ADDRESS	11249 108th Lane N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Largo, FL	3.4 CITY-ST-ZIP	
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	$97.16
STREET ADDRESS		5.3 STREET ADDRESS	DIFFERENCE FOR PAGE 1
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: Pamela P Mallard — 4/12/95 — (813) 857-9700
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0007811