

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
Secretary of State  
Tallahassee, Florida 32399-0001

APPROVED  
FILED

95 MAY -1 PM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000000107 (1)**

PROCESS PLUS ASSOCIATES, INC.

PLEASE WRITE IN THIS SPACE

1. Principal Office Address <b>2016 SETON DR CLEARWATER FL 34623</b>	2a. Mailing Address <b>2016 SETON DR CLEARWATER FL 34623</b>
2. Principal Office Telephone	2b. Mailing Address Telephone
21. Principal Office Fax	26. Mailing Address Fax
22. Principal Office E-mail	27. Mailing Address E-mail
23. Principal Office Filing Agent	28. Mailing Address Filing Agent
24. Principal Office Filing Agent Telephone	29. Mailing Address Filing Agent Telephone
25. Principal Office Filing Agent Fax	30. Mailing Address Filing Agent Fax

3. Date of Incorporation/Subject <b>12/28/1992</b>	3a. Date of Last Report <b>02/03/1994</b>
4. FEI Number <b>59-3165774</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>\$8.75 Additional Fee Required</b>
6. Location Comparison Filing Fee Used Expedited Filing <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. Does corporation have liability for interstate tax under 1561(b)(4) Foreign Subpart C? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>JOHNSON, DENNIS E 2016 SETON DR CLEARWATER FL 34623</b>		B1. Name	
		B2. Street Address (P.O. Box Number or Not Applicable)	
		B3. City	
		B4. State	<b>FL</b>
		B5. Zip Code	

11. I, the undersigned, being duly qualified to act as a director, officer or stockholder, the sole or largest stockholder, secretary or president of the corporation, hereby certify that the information furnished herein is true and correct and that I have read and understand the provisions of the Florida Statutes relating to the appointment of registered agents.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS AND DIRECTORS																																																																		
<table border="1"> <tr> <td>NAME</td> <td>PD <b>JOHNSON, DENNIS E</b></td> <td>ADDRESS</td> <td>2016 SETON DR CLEARWATER FL 34623</td> <td>GROUP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>VD <b>JOHNSON, ERIC S</b></td> <td>ADDRESS</td> <td>2016 SETON DR CLEARWATER FL 34623</td> <td>GROUP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>STD <b>JOHNSON, JUDY K</b></td> <td>ADDRESS</td> <td>2016 SETON DR CLEARWATER FL 34623</td> <td>GROUP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>ADDRESS</td> <td></td> <td>GROUP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>ADDRESS</td> <td></td> <td>GROUP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>ADDRESS</td> <td></td> <td>GROUP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>ADDRESS</td> <td></td> <td>GROUP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	NAME	PD <b>JOHNSON, DENNIS E</b>	ADDRESS	2016 SETON DR CLEARWATER FL 34623	GROUP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	VD <b>JOHNSON, ERIC S</b>	ADDRESS	2016 SETON DR CLEARWATER FL 34623	GROUP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STD <b>JOHNSON, JUDY K</b>	ADDRESS	2016 SETON DR CLEARWATER FL 34623	GROUP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		ADDRESS		GROUP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		ADDRESS		GROUP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		ADDRESS		GROUP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		ADDRESS		GROUP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<table border="1"> <tr> <td>NAME</td> <td></td> <td>ADDRESS</td> <td></td> <td>GROUP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>ADDRESS</td> <td></td> <td>GROUP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>ADDRESS</td> <td></td> <td>GROUP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>ADDRESS</td> <td></td> <td>GROUP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>	NAME		ADDRESS		GROUP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		ADDRESS		GROUP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		ADDRESS		GROUP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		ADDRESS		GROUP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I, the undersigned, hereby certify that the information required with this filing is voluntarily furnished and that I am duly qualified to act as a director, officer or stockholder of the corporation. I further certify that the information contained in this report is true and correct and that I have read and understand the provisions of the Florida Statutes relating to the appointment of registered agents.

SIGNATURE: *Dennis E. Johnson*, **DENNIS E. JOHNSON, President** 4/28/95 813-446-2559  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR