SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $875)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 21 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000005450 (0)**

1. Corporation Name
PLEASCENT DREAMS, INC.

Principal Place of Business	Mailing Address
7500 TALLYANN DR TALLAHASSEE FL 32301	7500 TALLYANN DR TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/25/1993
3a. Date of Last Report: 06/07/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3170044 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOOLFORK, ROBERT
THE MURPHY HOUSE
317 E PARK AVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	VP Exculive Advisor	☐ Change ☑ Addition
NAME	PROVITT, ROBERT	12 NAME	Robert Tarn's Jr.	
STREET ADDRESS	7500 TALLYANN DR	13 STREET ADDRESS	16 North Adam St.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	14 CITY-ST-ZIP	Quincy, Fl. 32351	
TITLE	VD	21 TITLE	VD	☐ Change ☑ Addition
NAME	PROVITT, JEROME	22 NAME	Willie Cowart	
STREET ADDRESS	7500 TALLYANN DR	23 STREET ADDRESS	P.O. Box 312 Quincy	
CITY-ST-ZIP	TALLAHASSEE FL 32301	24 CITY-ST-ZIP	Quincy, Fl. 32353	
TITLE	VD	31 TITLE	Treas.	☐ Change ☑ Addition
NAME	PROVITT, CLAUDELL	32 NAME	Glenda Thornton	
STREET ADDRESS	7500 TALLYANN DR	33 STREET ADDRESS	1514 Gray Fox Run	
CITY-ST-ZIP	TALLAHASSEE FL 32301	34 CITY-ST-ZIP	Talla. Fl. 32311	
TITLE	STD	41 TITLE	Executive VD	☑ Change ☐ Addition
NAME	HENDERSON, LINDA	42 NAME	Jerome Provitt	
STREET ADDRESS	7500 TALLYANN DR	43 STREET ADDRESS	7500 Talley Ann Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	44 CITY-ST-ZIP	Talla. Fl. 32311	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

6/21/95 MS
700001519851
-06/22/95--01004--001
*****233.75 *****233.75

CR2E034 (3/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert D. Provitt Robert D. Provitt 6/19/95 (AM) 878-7445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01A033 PP