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 MAR 30 AM 8:28

DOCUMENT # P93000010835 (5)

1. Corporation Name

F R K & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2121 B CORPORATE SQ. BLVD. #246 JACKSONVILLE FL 32216	2121 B CORPORATE SQ. BLVD. #246 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/05/1993
3a. Date of Last Report: 03/15/1994

21 2. Principal Place of Business	26 2a. Mailing Address	4. FEI Number: 59-3166061	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	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
KAUFMAN, FRED 2121 B CORPORATE SQ. BLVD. #246 JACKSONVILLE FL 32216	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 _____ (Signature, type or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required where indicated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	KAUFMAN, FRED	12 NAME	
STREET ADDRESS	5378 COPPEDGE AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	14 CITY-ST-ZIP	32277
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	KAUFMAN, FAYE	22 NAME	
STREET ADDRESS	5378 COPPEDGE AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	24 CITY-ST-ZIP	32277
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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	
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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: FRED B. KAUFMAN, PRESIDENT
Fred B. Kaufman
(SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR)

3-28-95 (Date)

904-723-5908 (Daytime Phone #)