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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

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PROFESSIONAL RESOURCES UNLIMITED. INC.

Principal Place of Business Mailing Address

## FILED May 01 1998 8:00am Secretary of State



3728 PHILLIPS HWY 3728 PHILLIPS HWY SUATE 38 SUITE 38 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 3. Date Incorporated or Qualified 03/25/1993 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3166181 5121 Bowden Road Suite, Apt. #, etc. 5121 Bowden Road 26 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Suite 310 Suite 310 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Jacksonville, FL Trust Fund Contribution Added to Fees 23 28 Jacksonville, FL This corporation owes or has paid the current year Intangible Duva1 29 32216 Duval 25 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WILBUR, JOHN H 112 W ADAMS ST STE 1700 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. **SIGNATURE** Signature, typod or punied manic of registered agent and billed applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. X Change ☐ Addition DELETE TITLE 1.1 TITLE Rasco, Elwyn RASCO, ELWYN CR2E034 NAME 1.2 NAME 5121 Bowden Road, Suite 310 3728 PHILLIPS HWY SUITE 38 1.3 STREET ADDRESS STREET ADDRESS Jacksonville, FL 32216 JACKSONVILLE FL 32207 CITY+ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City - ST- 7IP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not indicated on this annual report or supplemental annual report is true officer or director of the corporation or the receiver or trustee emporable qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information fand accurate and that my signature shall have the same legal effect as if made under oath; that I am an vered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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