FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 FEB 20 AM 10:59

DOCUMENT # **P93000023283 (3)**

1. Corporation Name

DYNAMIC CORPORATE SOLUTIONS, INC.

Principal Place of Business	Mailing Address
540 HARRISON AVE ORANGE PARK FL 32065	540 HARRISON AVE ORANGE PARK FL 32065

(Entity Name in this space)

3. Date Incorporated or Qualified: 03/23/1993
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 229 West Shores Road	26 229 West Shores Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orange Park, Florida	City & State 28 Orange Park, Florida
Zip 24 32073 Country 25 USA	Zip 29 32073 Country 30 USA

4. FEI Number: 59-3173044 — 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	10. Name and Address of New Registered Agent
KLINE, JAMES W 180 S KNOWLES AVE STE 7 WINTER PARK FL 32789	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
(Typed or printed name of registered agent and title if officer) (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Chair	☑ Change ☐ Addition
NAME	LEMEN, SUZANNE K	12 NAME		
STREET ADDRESS	540 HARRISON AVE	13 STREET ADDRESS	229 West Shores Road	
CITY-ST-ZIP	ORANGE PARK FL 32065	14 CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	D	21 TITLE	Vice-President	☑ Change ☐ Addition
NAME	SHINN, DENISE E	22 NAME		
STREET ADDRESS	540 HARRISON AVE	23 STREET ADDRESS	229 West Shores Rd.	
CITY-ST-ZIP	ORANGE PARK FL 32065	24 CITY-ST-ZIP	OP, FL 32073	
TITLE	D	31 TITLE	Secretary	☑ Change ☐ Addition
NAME	TALAK, LYNETTE	32 NAME		
STREET ADDRESS	540 HARRISON AVE	33 STREET ADDRESS	229 West Shores Road	
CITY-ST-ZIP	ORANGE PARK FL	34 CITY-ST-ZIP	OP, FL 32073	
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. To the best of my knowledge and belief, the information supplied with this filing is complete, accurate and filed on behalf of a Florida corporation. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shown below, subject to the penalties imposed by Section 817.155, Florida Statutes, I am a director or officer 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 added, above or on an attachment with an address.

SIGNATURE: Suzanne K. Lemen Suzanne K. Lemen 2-15-95 904-278-5383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

000613 CP