

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000029023 (7)

1. Corporation Name

NATIONAL WORKERS' COMPENSATION SERVICES, INC.



Principal Place of Business

2806 1ST ST. S.  
JACKSONVILLE BEACH FL 32250  
US

Mailing Address

2806 1ST ST. S.  
JACKSONVILLE BEACH FL 32250  
US

2. Principal Place of Business

2a. Mailing Address

21 300 University Blvd

26 P.O. Box 331412

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #602

27

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Country

Zip

Country

24 32211

25 Duval

29 32233

30 Duval

9. Name and Address of Current Registered Agent

WEST, CHRISTOPHER D  
2806 1ST  
JACKSONVILLE BEACH FL 32250

3. Date Incorporated or Qualified  
04/20/1993

3a. Date of Last Report  
05/01/1995

4. FEI Number  
59-3185716

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME WEST, CHRISTOPHER D.  
STREET ADDRESS 2806 1ST ST. S.  
CITY-ST-ZIP JACKSONVILLE BEACH FL

☐ DELETE

TITLE D  
NAME KENT, PAUL R  
STREET ADDRESS 1061 CMC CENTER DR.  
CITY-ST-ZIP RANCHO CUCAMONGA CA

☐ DELETE

TITLE D  
NAME KENT, WILLIAM D  
STREET ADDRESS 1061 CMC CENTER DR.  
CITY-ST-ZIP RANCHO CUCAMONGA CA

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher D. West

Date

April 27/96

Daytime Phone #

904-744-8090

CR2E034 (12/95)