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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 APR -4 PM 7:11

DOCUMENT # **P93000054898 (0)**

1. Corporation Name
JERRY PRICE CONSULTING, CORPORATION

Principal Place of Business	Mailing Address
100 LAKESHORE DRIVE SUITE 1152 NORTH PALM BEACH FL 33408	PO BOX 607 BELLMAWR NJ 08099 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/15/1993	3a. Date of Last Report: 03/15/1994
4. FEI Number: 65-0465622	☐ 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	

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

9. Name and Address of Current Registered Agent

PRICE, JEROME J
100 LAKESHORE DRIVE
SUITE 1152
N PALM BEACH FL 33408

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 formalizing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	PRICE, JEROME J	1 2 NAME	
STREET ADDRESS	100 LAKESHORE DR., SUITE 1152	1 3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BEACH FL 33408	1 4 CITY-ST-ZIP	
TITLE	P	2 1 TITLE	☐ Change ☐ Addition
NAME	PRICE, BRADFORD F	2 2 NAME	
STREET ADDRESS	3 WILLOW PT CIR	2 3 STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN NJ	2 4 CITY-ST-ZIP	
TITLE	V	3 1 TITLE	☐ Change ☐ Addition
NAME	PRICE, DOUGLAS C	3 2 NAME	
STREET ADDRESS	3 CALLISON LANE	3 3 STREET ADDRESS	
CITY-ST-ZIP	VOORHEES NJ	3 4 CITY-ST-ZIP	
TITLE	V	4 1 TITLE	☐ Change ☐ Addition
NAME	KROHN, CARLTON W	4 2 NAME	
STREET ADDRESS	578 SENTINEL RD	4 3 STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN NJ	4 4 CITY-ST-ZIP	
TITLE	TS	5 1 TITLE	☐ Change ☐ Addition
NAME	CUMMINGS, EDWARD L	5 2 NAME	
STREET ADDRESS	13 CORTLAND SHIRE DR	5 3 STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN NJ	5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: P Bradford F. Price 3/1/95 (609)933-1111
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR (Date) (Telephone Number)
President

047B4R FT