

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000057632 (0)

1. Corporation Name

USA PROFESSIONAL ASSOCIATION, INC.



Principal Place of Business

5550 HWY. 98 EAST
UNIT 905
DESTIN FL 32541

Mailing Address

501 N MAIN ST
3RD FLOOR KAULKNER BLDG
HATTIESBURG MS 39401

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PAYNE, W.A.
5550 HIGHWAY 98 EAST
UNIT 905
DESTIN FL 32541

3. Date Incorporated or Qualified

08/12/1993

3a. Date of Last Report

03/31/1995

4. FEI Number

65-0436160

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 the address

(NOTE: Registered Agent Signature requires witness registration)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

PAYNE, W.A.

STREET ADDRESS

5550 HWY. 98 EAST #905

CITY- ST- ZIP

DESTIN FL 32541

TITLE

VPS

☐ DELETE

NAME

WOLVERTON, NANCY

STREET ADDRESS

36 SHADY LANE

CITY- ST- ZIP

HATTIESBURG MS 39402

TITLE

T

☐ DELETE

NAME

PAYNE, MAXINE

STREET ADDRESS

2307 SUNSET DRIVE

CITY- ST- ZIP

HATTIESBURG MS 39402

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

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

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change

☐ Addition

600001778388
-04/12/96--01045--012
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily and truthfully 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 correct. 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 registered agent as required 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

Daytime Phone #

CR2E034 (12/95)