

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 2/2/95: \$223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:5

DOCUMENT # P93000072231 (2)

1. Corporation Name

PROFESSIONAL COUNSELING AND CONSULTING SERVICES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 410498
MELBOURNE FL 32941-0498
US

P.O. BOX 410498
MELBOURNE FL 32941-0498
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/11/1993

04/11/1994

4. FEI Number

Applied For

59-3203167

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

7. This corporation has liability for intangible tax under s. 190.037 Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 9 STONE STREET

26 P.O. BOX 1803

State, Apt #, etc

State, Apt #, etc

22

27

City & State

City & State

23 COCOA, FL

28 COCOA, FL

24

25

BRVARD

29

32923

30

BRVARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLY, JAMES T
1973 ROCKLEDGE DR
ROCKLEDGE FL 32955

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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

As of the date of filing, is a resident of the State of Florida

FEI Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. AGENTS, REGISTERED AND NEWLY REGISTERED	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, JAMES T	12 NAME	
STREET ADDRESS	1973 ROCKLEDGE DR	13 STREET ADDRESS	
CITY, ST, ZIP	ROCKLEDGE FL 32955	14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(1)(b), 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 of this report, as applicable, attached with an address.

SIGNATURE:

J. T. Kelly
SIGNATURE AND IMPRESSION PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6-27-95

401-675-9916

CR2E034 (3/95)