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

APPROVED AND FILED

95 MAY -1 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000081033 (1)**

1. Corporate Name

INTERLINQ OF PCB, INC.

Principal Place of Business	Mailing Address
15.519 FRONT BEACH ROAD PANAMA CITY FL 32413	15.519 FRONT BEACH ROAD PANAMA CITY FL 32413

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/23/1993**

3a. Date of Last Report: **05/27/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # or P.O. Box — 22

Suite, Apt. # or P.O. Box — 27

City & State — 23

City & State — 28

Zip — 24 — County — 25

Zip — 29 — County — 30

4. FEI Number: **59-3209809** ☐ 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

7. This corporation has liability for sales tax under S. 212.052, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MCGILL, ROBERT E III
1234 AIRPORT ROAD
SUITE 123
DESTIN FL 32541

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 Section 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: (If changing Registered Agent, Registered Agent must sign here) (If not changing Registered Agent, signature not required) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)	
41 Title	D	41 Title	☐ Change ☐ Addition
42 Name	MARTIN, JAMES F	42 Name	
43 Street Address	5398 TROWBRIDGE PLACE	43 Street Address	
44 City, St, Zip	DUNWOODY GA 30338	44 City, St, Zip	
45 Title	D	45 Title	☐ Change ☐ Addition
46 Name	MARTIN, CAROLYN	46 Name	
47 Street Address	5398 TROWBRIDGE PLACE	47 Street Address	
48 City, St, Zip	DUNWOODY GA 30338	48 City, St, Zip	
49 Title		49 Title	☐ Change ☐ Addition
50 Name		50 Name	
51 Street Address		51 Street Address	
52 City, St, Zip		52 City, St, Zip	
53 Title		53 Title	☐ Change ☐ Addition
54 Name		54 Name	
55 Street Address		55 Street Address	
56 City, St, Zip		56 City, St, Zip	
57 Title		57 Title	☐ Change ☐ Addition
58 Name		58 Name	
59 Street Address		59 Street Address	
60 City, St, Zip		60 City, St, Zip	
61 Title		61 Title	☐ Change ☐ Addition
62 Name		62 Name	
63 Street Address		63 Street Address	
64 City, St, Zip		64 City, St, Zip	

14. I/We 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 above, or on an attachment with an address.

SIGNATURE: [signature] [signature] DATE 4-25-95 TELEPHONE NUMBER 904.230 9558

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0031648 CP