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

FILED
'95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000083066 (9)**

1. Corporation Name

DDK DOC PREP, INC.

Principal Place of Business	Mailing Address
4221 BAYMEADOWS SUITE 12 JACKSONVILLE FL 32217	4221 BAYMEADOWS SUITE 12 JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1993
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-3214916 — 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 is liable for intangible tax under S. 199 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 8382 Baymeadows (Rd)	26 Same as #21
Suite, Apt #, etc. 22 #5	Suite, Apt #, etc. 27
City & State 23 Jacksonville, FL	City & State 28
Zip 24 32256 — Country 25 Duval	Zip 29 — Country 30

9. Name and Address of Current Registered Agent

HERSEM, THOMAS G
400 INDIAN ROCKS RD.
SUITE C
BELLEAIR BLUFFS FL 34640

10. Name and Address of New Registered Agent

81 Name: Peter J. Russo
82 Street Address (P.O. Box Number is Not Acceptable): 8382 Baymeadows Road, Suite 5
83
84 City: Jacksonville FL 85 Zip Code: 32256

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] 5-2-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when agent is changing — DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPST	1.1 TITLE	President — [X] Change ☐ Addition
NAME	CARROLL, DEBORAH	1.2 NAME	Peter J. Russo
STREET ADDRESS	4221 BAY MEADOWS, SUITE 12	1.3 STREET ADDRESS	8382 Baymeadows Road, Suite 5
CITY ST ZIP	JACKSONVILLE FL 32217	1.4 CITY ST ZIP	Jacksonville, Fl. 32256
TITLE		2.1 TITLE	CEO — [X] Change ☐ Addition
NAME		2.2 NAME	Patrick M. Singletary
STREET ADDRESS		2.3 STREET ADDRESS	8382 Baymeadows Road, Suite 5
CITY ST ZIP		2.4 CITY ST ZIP	Jacksonville, Fl. 32256
TITLE		3.1 TITLE	Vice President — [X] Change ☐ Addition
NAME		3.2 NAME	Dana E. Robinson
STREET ADDRESS		3.3 STREET ADDRESS	8382 Baymeadows Road, Suite 5
CITY ST ZIP		3.4 CITY ST ZIP	Jacksonville, Fl. 32256
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		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: [signature] Peter J Russo Pres 4/4/95 904 448 8344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010147 CP