

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1994.
AMOUNT DUE ON OR BEFORE 8/8/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

**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 JUL -3 AM 8:13

DOCUMENT # P94000006410 (2)

1. Corporation Name

PERFORMANCE CONSULTING OF NORTH FLORIDA, INC.

Principal Place of Business
**1077 PONTE VEDRA BLVD.
 PONTE VEDRA BEACH FL 32082**

Mailing Address
**1077 PONTE VEDRA BLVD.
 PONTE VEDRA BEACH FL 32082**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/19/1994

3a. Date of Last Report

4. FEI Number
59-3222067

Applied For
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc

26. Suite, Apt. #, etc

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

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. 193.032,
 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRANT MOORE SAPP MACDONALD & WELLS P.A.
 50 NORTH LAURA ST.
 SUITE 3100
 JACKSONVILLE FL 32202**

61. Name

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

63.

64. City

FL

65. 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of current registered agent and the President)

(Signature of Registered Agent Signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
 NAME **SHIELDS, JOHN H II**
 STREET ADDRESS **1077 PONTE VEDRA BLVD.**
 CITY, ST, ZIP **PONTE VEDRA BEACH FL 32082**

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY, ST, ZIP

TITLE **D**
 NAME **SHIELDS, PATRICIA P**
 STREET ADDRESS **1077 PONTE VEDRA BLVD.**
 CITY, ST, ZIP **PONTE VEDRA BEACH FL 32082**

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY, ST, ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY, ST, ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY, ST, ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY, ST, ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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(1)(g), 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 president 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 or Block 14 or on an attached sheet with an address.

SIGNATURE:

[Signature]
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Expired Date