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 APR 27 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000006448 (2)

1. Corporation Name

SELF FINANCE, INC.

Principal Place of Business

1451 LONGBAY ROAD
MIDDLEBURG FL 32065

Mailing Address

1451 LONGBAY ROAD
MIDDLEBURG FL 32065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/18/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 54074
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28 JACKSonville, FL
Zip 24 / Country 25	Zip 29 32245 / Country 30 Duval

4. FEI Number: 59-322 3922 ☐ 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

9. Name and Address of Current Registered Agent

CRABTREE, R R
CRABTREE AND WHITE
8375 DIX ELLIS TRAIL, SUITE 401
JACKSONVILLE FL 32256

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	P/B/T/D ☑ Change ☐ Addition
NAME	ASHTON, JEFFREY J	1 2 NAME	ASHTON, JEFFREY J.
STREET ADDRESS	2627 KERSEY COURT	1 3 STREET ADDRESS	2657 KERSEY CT.
CITY ST ZIP	JACKSONVILLE FL 32216	1 4 CITY ST ZIP	JACKSONVILLE, FL. 32216
TITLE	D	2 1 TITLE	V/S/D ☑ Change ☐ Addition
NAME	KENNEDY, JOEL L	2 2 NAME	KENNEDY, JOEL L.
STREET ADDRESS	1451 LONGBAY ROAD	2 3 STREET ADDRESS	1451 LONGBAY Rd.
CITY ST ZIP	MIDDLEBURG FL 32065	2 4 CITY ST ZIP	Middleburg, FL. 32065
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
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)(i), 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] President 4/6/95 904 771 0402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006717 CP