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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:04

DOCUMENT # P94000029582 (1)

1. Corporation Name

P.R.M. ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5470 TIMUQUANA RD LOT 99 JACKSONVILLE FL 32210	5470 TIMUQUANA RD LOT 99 JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 7359 Pepper CR S
22: Suite, Apt. #, etc.
23: City & State: Jacksonville FL
24: Zip: 32244
25: County:

2a. Mailing Address
26: PO Box 7612
27: Suite, Apt. #, etc.
28: City & State: Jacksonville FL
29: Zip: 32238
30: County:

4. FEI Number: 59-3310841 ☐ 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

STRUNK, ROBERT K
5470 TIMUQUANA RD LOT 99
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7359 Pepper CR S
83
84 City: Jacksonville FL 85 Zip Code: 32244

11. Pursuant to the provisions of Section 607.0503 and 607.1502, 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] DATE: 7-31-95

NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	STRUNK, ROBERT K	12 NAME	
STREET ADDRESS	5470 TIMUQUANA RD LOT 99	13 STREET ADDRESS	7359 Pepper CR. S.
CITY-ST-ZIP	JACKSONVILLE FL 32210	14 CITY-ST-ZIP	Jacksonville Fl 32244
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	~~EDMONDSON, MICHAEL E~~	22 NAME	
STREET ADDRESS	~~5470 TIMUQUANA RD LOT 97~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~JACKSONVILLE FL 32210~~	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BROCK, PAMELA D	32 NAME	
STREET ADDRESS	7359 PEPPER CIR S	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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] 7-31-95

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

0016696 CP