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95 MAY -1 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000034127 (8)**

1. Corporation Name

PROFESSIONAL BUSINESS SOLUTIONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P O BOX 50364 JACKSONVILLE BEACH FL 32240	P O BOX 50364 JACKSONVILLE BEACH FL 32240

3. Date Incorporated or Qualified 05/02/1994	3a. Date of Last Report
4. FEI Number 59-3241912	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199(2)(2), Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1125 13th Ave. N.	26
22 Suite Apt. # et	27 Suite Apt. # et
23 Jacksonville Beach, FL	28 City, & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**ADAMS, RICHARD W
1125 13TH AVE N
JACKSONVILLE FL 32250**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.01(1) and 607.15(6), 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, thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(1), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

12a	12b
NAME	OFFICE
President Michealyn C. Adams 1125 13th Avenue North Jacksonville Beach, FL 32250	
12c	12d
STREET ADDRESS	CITY, STATE, ZIP
12e	12f
NAME	OFFICE
12g	12h
STREET ADDRESS	CITY, STATE, ZIP
12i	12j
NAME	OFFICE
12k	12l
STREET ADDRESS	CITY, STATE, ZIP
12m	12n
NAME	OFFICE
12o	12p
STREET ADDRESS	CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13a	13b
NAME	OFFICE
13c	13d
STREET ADDRESS	CITY, STATE, ZIP
13e	13f
NAME	OFFICE
13g	13h
STREET ADDRESS	CITY, STATE, ZIP
13i	13j
NAME	OFFICE
13k	13l
STREET ADDRESS	CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199(2)(2), Florida Statutes. I further certify that the information is listed 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 owner or holder of power (empowered) to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: **Michealyn C. Adams** President **4/28/95** **9042493657**
 SIGNATURE AND TYPE (OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
MICHEALYN C. ADAMS