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 MAR 27 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000037430 (3)**

1. Corporation Name

P.A.C. INVESTIGATIVE AGENCY, INC.

200001443162
-03/29/95--01095--003
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1005 N. DIXIE FREEWAY NEW SMYRNA BEACH FL 32168	1005 N. DIXIE FREEWAY NEW SMYRNA BEACH FL 32168

3. Date Incorporated or Qualified: **05/16/1994**

3a. Date of Last Report: **N/A**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-3242009** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25

Zip — 29 Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STULTZ, WILLIAM E
1005 N. DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when name changed

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	COURTEMANCHE, WILLIAM J JR	12 NAME	
STREET ADDRESS	1005 N. DIXIE FREEWAY	13 STREET ADDRESS	
CITY ST ZIP	NEW SMYRNA BEACH FL 32168	14 CITY ST ZIP	
TITLE	DVT	21 TITLE	☐ Change ☐ Addition
NAME	STULTZ, WILLIAM E	22 NAME	
STREET ADDRESS	1005 N. DIXIE FREEWAY	23 STREET ADDRESS	
CITY ST ZIP	NEW SMYRNA BEACH FL 32168	24 CITY ST ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	OSTERMAN, MARK	32 NAME	
STREET ADDRESS	1005 N. DIXIE FREEWAY	33 STREET ADDRESS	RESIGNED
CITY ST ZIP	NEW SMYRNA BEACH FL 32168	34 CITY ST ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	CARMODY, TIMOTHY	42 NAME	
STREET ADDRESS	1005 N. DIXIE FREEWAY	43 STREET ADDRESS	
CITY ST ZIP	NEW SMYRNA BEACH FL 32168	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	OSTERMAN, JANICE	52 NAME	
STREET ADDRESS	1005 N. DIXIE FREEWAY	53 STREET ADDRESS	RESIGNED
CITY ST ZIP	NEW SMYRNA BEACH FL 32168	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	EVANS, MARK	62 NAME	
STREET ADDRESS	1005 N. DIXIE FREEWAY	63 STREET ADDRESS	3/27/95 MBT
CITY ST ZIP	NEW SMYRNA BEACH FL 32168	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: William E. Stultz — William E. Stultz — 3/14/95 — (407) 423-5616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

REGISTERED AGENT

0010177 CP