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
[illegible]
[illegible] 5:37
[illegible]
[illegible] FLORIDA

DOCUMENT # **P94000048091 (0)**

1. Corporate Name
THE WORK CAPACITY CENTER, INC.

Principal Place of Business
3728 PHILLIPS HWY., STE. 38
JACKSONVILLE FL 32207

Mailing Address
3728 PHILLIPS HWY., STE. 38
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/23/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # etc. — 22
Suite Apt. # etc. — 27
City & State — 23
City & State — 28
24 25 29 30

4. FEI Number: **59-3307861**
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. [illegible] Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RASCO, E. W
3728 PHILLIPS HWY., STE. 38
JACKSONVILLE FL 32207

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 Section 607.0502, 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 [illegible]

12. OFFICERS AND/OR DIRECTORS

TITLE D
NAME RASCO, E. W
STREET ADDRESS 3728 PHILLIPS HWY., STE. 38
CITY-ST-ZIP JACKSONVILLE FL 32207

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS ☐ Change ☐ Addition

14. I declare I 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 above, or on an attached sheet, with an address.

SIGNATURE: E W Rasco E W RASCO 4/27/95 904-398-5744
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0018813 CP