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 MAY -1 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000068553 (4)**

1. Corporation Name
BENCHMARK CAPITAL RESOURCES, INC.

Principal Place of Business	Mailing Address
~~3801 CROWN POINT ROAD, STE. 1273~~ ~~JACKSONVILLE FL 32257~~	~~3801 CROWN POINT ROAD, STE. 1273~~ ~~JACKSONVILLE FL 32257~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 3567 JAMESTOWN LANE	26 3567 JAMESTOWN LANE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 JACKSONVILLE FL	City & State 28 JACKSONVILLE FL
Zip 24 32223 Country 25 U.S.A.	Zip 29 32223 Country 30 U.S.A.

4. FEI Number: 59-3266880 ☐ 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

HARPER, A. BLAKE
~~3801 CROWN POINT ROAD, STE. 1273~~
~~JACKSONVILLE FL 32257~~

10. Name and Address of New Registered Agent

81 Name: HARPER, A. BLAKE
82 Street Address (P.O. Box Number is Not Acceptable): 3567 JAMESTOWN LANE
83
84 City: JACKSONVILLE FL 85 Zip Code: 32223

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] 4-28-95
(Signature, type or printed name of registered agent and, if applicable, the office held.) (NOTE: Registered Agent signature required where indicated.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	11 TITLE	DPST ☒ Change ☐ Addition
NAME	HARPER, A. BLAKE	12 NAME	HARPER, A. BLAKE
STREET ADDRESS	~~3801 CROWN POINT ROAD, STE. 1273~~	13 STREET ADDRESS	3567 JAMESTOWN LANE
CITY ST ZIP	~~JACKSONVILLE FL 32257~~	14 CITY ST ZIP	JACKSONVILLE FL 32223
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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] A. BLAKE HARPER 04-28-95 904-262-6512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021868 CP