

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

DOCUMENT # P94000069111 (0)

1. Corporation Name

PRESSURE POINT SERVICES OF MANDARIN, INC.

95 MAY -1 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

12931 SILVER OAK DR.
JACKSONVILLE FL 32223

Mailing Address

12931 SILVER OAK DR.
JACKSONVILLE FL 32223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quasiest
09/19/1994

3a. Date of Last Report

4. FEI Number

59-3274539

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**

7. The corporation has liability for information under 5-1001.12
Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt # etc

State Apt # etc

City & State

23

City & State

28

St

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURKE, MARK K
12931 SILVER OAK DR.
JACKSONVILLE FL 32223**

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 607.04(2) 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, Sections 607.04(2), Florida Statutes.

SIGNATURE

Signature of Agent or person authorized to change the corporation

Signature of Registered Agent or person authorized to change

(AT)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

NAME	D BURKE, MARK K 12931 SILVER OAK DR. JACKSONVILLE FL 32223
NAME	D PARRISH, JAMES H III 11453 DUSTIN CT. JACKSONVILLE FL 32223
NAME	
NAME	
NAME	
NAME	
NAME	
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NAME	☐ Change ☐ Addition
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NAME	☐ Change ☐ Addition

14. I certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 607.04(2), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the owner of twelve or more percent of the corporation as required by s. 607.04(2), Florida Statutes, and that my name appears in Block 12 or Block 13 of a change of ownership report with an address.

SIGNATURE:

Mark K. Burke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-95 904-260-1873