SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 14 AM 11:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000071108 (2)**

1. Corporation Name
QDRO CONSULTANTS, INC.

Principal Place of Business	Mailing Address
2968 RAINBOW ROAD JACKSONVILLE FL 32217	2968 RAINBOW ROAD JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1994
3a. Date of Last Report:

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

4. FEI Number: 59-2377440 ☐ 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

BLANKENSHIP, KIMBERLY
2968 RAINBOW ROAD
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name: SWEARINGEN SANDRA G.
82 Street Address (P.O. Box Number is Not Acceptable): 2968 Rainbow Road
83
84 City: Jacksonville **FL** 85 Zip Code: 32217

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: Sandra A. Swearingen, Registered Agent — 6/29/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Director	11 TITLE	Director (D)(P)(T)(S)	☐ Change ☒ Addition
NAME	Sandra G. Swearingen	12 NAME	Sandra G. Swearingen	
STREET ADDRESS	2968 Rainbow Road	13 STREET ADDRESS	2968 Rainbow Road	
CITY-ST-ZIP	Jacksonville, FL 32217	14 CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	Director	21 TITLE	Director (D)(V)(M)	☐ Change ☒ Addition
NAME	John T. Swearingen	22 NAME	John T. Swearingen	
STREET ADDRESS	2968 Rainbow Road	23 STREET ADDRESS	2968 Rainbow Road	
CITY-ST-ZIP	Jacksonville, FL 32217	24 CITY-ST-ZIP	Jacksonville, FL 32217	
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		

CR2E034 (3/95)

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)(k), 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: Sandra A. Swearingen, Registered Agent, Director — 6/29/95 — 904-879-1857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)
SANDRA G. Swearingen

0009427 CP