

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
12/07/94

DOCUMENT # **P94000088735 (3)**

1. Corporation Name

ANSWER PRO, INC.

Principal Place of Business

**1375 HOMESTEAD DRIVE
PALM HARBOR FL 34683**

Mailing Address

**1375 HOMESTEAD DRIVE
PALM HARBOR FL 34683**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/07/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

57-3277324

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**

24

25

29

30

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

9. Name and Address of Current Registered Agent

**DUTCH, ANDREW K
1375 HOMESTEAD DRIVE
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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

(Signature of person named as registered agent and the corporation)

(Signature of Registered Agent (signature required after registration))

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

**WOODARD, NAOMI
1375 HOMESTEAD DRIVE
PALM HARBOR FL 34683**

STREET ADDRESS

CITY, ST, ZIP

CITY, ST, ZIP

CITY, ST, ZIP

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CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.03(1)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the incorporator or initial incorporator of the corporation and I am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on an attachment, with an address.

SIGNATURE:

Naomi Woodard Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-95 813-785-50-30
DATE