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 APR 26 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000091189 (8)**

1. Corporation Name
PROVIDERLINK INCORPORATED

Principal Place of Business	Mailing Address
1125 NORTH SEUMMIT STREET CRESCENT CITY FL 32112	1125 NORTH SEUMMIT STREET CRESCENT CITY FL 32112

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/15/1994**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-3295861** ☐ 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
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUCHAN, GERARD
508 CENTRAL AVE.
CRESCENT CITY FL 32112

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Alan R Hall - President ☐ Change ☑ Addition
NAME	FLETCHER, WARREN D	12 NAME	
STREET ADDRESS	1125 NORTH SUMMIT STREET	13 STREET ADDRESS	11 Greenvale Dr.
CITY-ST-ZIP	CRESCENT CITY FL 32112	14 CITY-ST-ZIP	Ormond Beach FL 32174
TITLE		21 TITLE	C. Randy Howard - Treasurer ☐ Change ☑ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	2881 Shenandoah Rd
CITY-ST-ZIP		24 CITY-ST-ZIP	DeLand, FL 32720
TITLE		31 TITLE	Norma J. Fraza - Sec. ☐ Change ☑ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	P.O. Box 954
CITY-ST-ZIP		34 CITY-ST-ZIP	Welaka, FL 32193
TITLE		41 TITLE	James R Flekke V-Pres. ☐ Change ☑ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	4538 SE 4th Place
CITY-ST-ZIP		44 CITY-ST-ZIP	Ocala, FL 34471
TITLE		51 TITLE	Ned D. Harper V-Pres ☐ Change ☑ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	6162 Shoreline Dr.
CITY-ST-ZIP		54 CITY-ST-ZIP	Port Orange, FL 32019
TITLE	James W. O'Neal - VP Addition	61 TITLE	Kenneth P. Howard V-Pres. ☐ Change ☑ Addition
NAME		62 NAME	
STREET ADDRESS	4763 Maple Spring Ct.	63 STREET ADDRESS	615 Colley Rd.
CITY-ST-ZIP	Martinez, GA 30907	64 CITY-ST-ZIP	Starke, FL 32091

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: C. Randy Howard Treas 4-19-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011668 CP