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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000003229 (8)

1. Corporation Name
P.F.C. SERVICES, INC.

Principal Place of Business

Mailing Address

8361 BEAUCLERC WOOD LANE WEST
JACKSONVILLE FL 32257

8361 BEAUCLERC WOOD LANE WEST
JACKSONVILLE FL 32257-4925

2. Principal Place of Business

21 9361 Beaulerc Wd. La. N.

Suite, Apt. #, etc.

22

City & State

23 Jacksonville, FL

Zip

24 32257

Country

25 Duval

2a. Mailing Address

26 9361 Beaulerc Wd. La. N.

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, FL

Zip

29 32257

Country

30 Duval

3. Date Incorporated or Qualified

01/09/1995

3a. Date of Last Report

02/06/1996

4. FEI Number

59-3292312

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

COLD, KATHLEEN H
ONE INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE FL 32202

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME: D CHASSMAN, MARGARET F
STREET ADDRESS: 8361 BEAUCLERC WOOD LANE WEST
CITY-ST-ZIP: JACKSONVILLE FL 32257

TITLE ☐ DELETE

NAME: D CHASSMAN, JULIAN
STREET ADDRESS: 8361 BEAUCLERC WOOD LANE WEST
CITY-ST-ZIP: JACKSONVILLE FL 32257

TITLE ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY-ST-ZIP: ☐ DELETE

TITLE ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY-ST-ZIP: ☐ DELETE

TITLE ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY-ST-ZIP: ☐ DELETE

TITLE ☐ DELETE

NAME: ☐ DELETE

STREET ADDRESS: ☐ DELETE

CITY-ST-ZIP: ☐ DELETE

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 do hereby certify that the information supplied with this filing 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: Margaret F. Chassman President 4/10/97 (904) 731-8675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)