

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 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 # P95000051400 (6)

1. Corporation Name
EXAMS, INC.

Principal Place of Business
P.O. BOX 250783
DAYTONA BEACH FL 32125-0783
US

Mailing Address
320 2ND STREET
DAYTONA BEACH FL 32117-4910

3. Date Incorporated or Qualified 07/01/1995
3a. Date of Last Report 07/12/1996

2. Principal Place of Business
21 1280 Mt. Vernon
Suite, Apt. #, etc.
22 P.O. Box 250783
City & State
23 DAYTONA BEACH FL
Zip Country
24 32125 USA
25
26 P.O. Box 250783
Suite, Apt. #, etc.
27
City & State
28 DAYTONA BEACH, FL
Zip Country
29 32125 30

4. FEI Number 59-3326253
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

KOELKER, DONALD R
320 2ND STREET
HOLLY HILL FL 32117

10. Name and Address of New Registered Agent

81 Name DONALD R. KOELKER
82 Street Address (P.O. Box Number is Not Acceptable)
1280 Mt. Vernon
83
84 City DAYTONA BEACH FL FL 85 Zip Code 32119

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 similar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Donald R. Koelker Pres. DONALD R. KOELKER April 11, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KOELKER, DONALD R			1.2 NAME			
STREET ADDRESS	P.O. BOX 250783 N/A			1.3 STREET ADDRESS			
CITY - ST - ZIP	DAYTONA BEACH FL			1.4 CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KOELKER, EDNA S			2.2 NAME			
STREET ADDRESS	P.O. BOX 250783 N/A			2.3 STREET ADDRESS			
CITY - ST - ZIP	DAYTONA BEACH FL			2.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY - ST - ZIP				3.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY - ST - ZIP				4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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: Donald R. Koelker, Pres. DONALD R. KOELKER, 4-11-97 904-304-0025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)