

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90001 004 \*\*\*300.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000051400**

1. Corporation Name  
**EXAMS, INC.**

Principal Place of Business

1280 MT VERNON  
PO BOX 250783  
DAYTONA BCH FL 32125  
US

Mailing Address

PO BOX 250783  
DAYTONA BCH FL 32125  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1995

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 139 Jubilee

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 250783

27

City & State

City & State

23 Daytona Beach FL

28

Zip Country

Zip Country

24 32125-0783

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOELKER, DONALD R  
1280 MT VERNON  
DAYTONA BCH FL 32119

81 Name

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

139 Jubilee

83

84 City Daytona Beach

FL

85 Zip Code

32125-0783

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME KOELKER, DONALD R  
STREET ADDRESS P.O. BOX 250783 N/A  
CITY-ST-ZIP DAYTONA BEACH FL

1.1 TITLE PST ☒ Change ☐ Addition  
1.2 NAME DONALD R. KOELKER  
1.3 STREET ADDRESS 139 Jubilee  
1.4 CITY-ST-ZIP Daytona Beach, FL 32125-0783

TITLE S ☒ DELETE  
NAME KOELKER, EDNA S  
STREET ADDRESS P.O. BOX 250783 N/A  
CITY-ST-ZIP DAYTON BEACH FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: **Donald R. Koelker** REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 20, 1999  
Date

904-304-0025  
Daytime Phone #

CR2E034 (1/1/98)