

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # P98000012707

1. Corporation Name

PCB NATIONAL SEMINARS INC.

Principal Place of Business

Mailing Address

**P.O. Box 493423
LEESBURG**
**493423
P.O. Box 493423
LEESBURG FL 34749**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

4. FEI Number

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAUL C. ANDERSON
P.O. Box 493423 28422 US HWY
LEESBURG FL 34749 LEESBURG FL 34749**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

**PAUL C ANDERSON
28422 US HWY 27 So
LEESBURG FL 34749**
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PAUL C ANDERSON
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SAME AS ABOVE
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SIGNATURE: Paul C Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/99
352-365-2578

Daytime Phone #

CR2E034 (1/98)