FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

APPROVED
AND
FILED

1995 MAR 20 PM 12: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S09636** (9)

1. Corporate Name

NORTH FLORIDA PENSION SERVICES, INC.

Principal Place of Business
1200 GULF LIFE DR. SUITE 600
SOUTHEAST BANK BLDG.
JACKSONVILLE FL 32207-1803

Mailing Address
1200 GULF LIFE DR. SUITE 600
SOUTHEAST BANK BLDG.
JACKSONVILLE FL 32207-1803

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****100.00 ****100.00

3. Date of Last Report: 10/12/1990
3a. Date of Last Report: 06/08/1994

2. Principal Place of Business
21 1200 Riverplace Blvd.
Suite, Apt. #, etc.
22 Suite 600
City & State
23 Jacksonville FL
Zip 24 32207
Country 25 $

2a. Mailing Address
26 1200 Riverplace Blvd.
Suite, Apt. #, etc.
27 Suite 600
City & State
28 Jacksonville FL
Zip 29 32207
Country 30

4. FEI Number: 59-3038907
Applied For / Not Applicable

5. Initial Annual Report ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation is qualified to transact business under § 607.1502 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DICKSON, ROBERT E, CLU, CHFC
1200 GULF LIFE DRIVE
SUITE 600
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Not Acceptable) 1200 Riverplace Blvd.
83 Suite 600
84 City Jacksonville FL 85 Zip Code 32207

11. Pursuant to the provisions of Sections 607.0505 and 607.0508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its principal place of business 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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DPC
NAME	DICKSON, ROBERT E.
STREET ADDRESS	1200 GULF LIFE DR #600
CITY ST ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONAL NAMES TO BE ADDED AND DELETED

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****100.00 ****100.00

DEA
3-20

14. I hereby certify that the information supplied with the original, amended, corrected and/or supplemental annual report, to the extent required by Section 607.1602, Florida Statutes, is true and correct. I further certify that the information indicated on the annual report or supplemental annual report, to the extent required by Section 607.1602, Florida Statutes, is consistent with the corporate records. I further certify that I am an officer or director of the corporation or the person to whom the annual report is mailed. Under penalties of perjury, I declare that I have read the foregoing and the facts stated therein, which I believe to be true and correct.

SIGNATURE: [signature] 1-31-95 (904) 398-4481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR