

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 PM 8:06

DOCUMENT # **S46794** (1)

1. Corporation Name
P.O.S. CONSULTANTS, INCORPORATED

Principal Place of Business Mailing Address
**11018-113 OLD ST AUGUSTINE RD
STE 9
JACKSONVILLE FL 32257
US** **11018-113 OLD ST AUGUSTINE RD
STE 9
JACKSONVILLE FL 32257
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
04/22/1991 **04/20/1994**

2. Principal Place of Business 2a. Mailing Address
21 **10756 Countrywalk Ct.** 26 **10756 Countrywalk Ct**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27
City & State City & State
Centerville OH **Centerville OH**

24 **45458** 25 **USA** 28 **45458** 30 **USA**
Zip Country Zip Country

4. FEI Number Applied For
59-3069042 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. This corporation has liability for interjurisdictional tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**ULLOM-FLYNN, JAMIE L.
10072 DOVETAIL COURT SOUTH
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

81 Name **Denise Rakestraw**
82 Street Address **811 Alta Vista Terrace**
83
84 City **Davie** FL 85 Zip Code **33325**

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 *Denise Rakestraw* **DENISE RAKESTRAW** **4-10-95**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST
NAME	FLYNN, JAMIE
STREET ADDRESS	10072 DOVETAIL CT S
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	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10756 Countrywalk Ct.
1.4 CITY - ST - ZIP	Centerville OH 45458
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jamie L. Ullom-Flynn* **JAMIE L. ULLOM-FLYNN** **4/2/95** **(513) 885 6189**
Signature, typed or printed name of signing officer or director Date Telephone Number