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

APPROVED
(illegible)
(illegible) 2:37
(illegible)
TALLAHASSEE, FLORIDA

DOCUMENT # **V27838** **(4)**

1. Corporation Name

PAMELA A. LEE, C.P.A., P.A.

Principal Place of Business	Mailing Address
1754 BRANCH VINE DR W JACKSONVILLE FL 32246 US	1754 BRANCH VINE DR W JACKSONVILLE FL 32246 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/08/1992**	3a. Date of Last Report: **05/24/1994**
4. FEI Number: **59-3118065**	☐ 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
7. The corporation is subject to annual fee under s. 220.222, Florida Statutes: ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEE, PAMELA A. 1754 BRANCH VINE DR W JACKSONVILLE FL 32246	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 Section 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS, AND DIRECTORS IN '95
TITLE: DP NAME: LEE, PAMELA A. STREET ADDRESS: 1754 BRANCH VINE DR W CITY-ST-ZIP: JACKSONVILLE FL	1. TITLE ☐ Change ☑ Addition 1. NAME 1. STREET ADDRESS 1. CITY-ST-ZIP 32246
2. TITLE 2. NAME 2. STREET ADDRESS 2. CITY-ST-ZIP	2. TITLE ☐ Change ☐ Addition 2. NAME 2. STREET ADDRESS 2. CITY-ST-ZIP
3. TITLE 3. NAME 3. STREET ADDRESS 3. CITY-ST-ZIP	3. TITLE ☐ Change ☐ Addition 3. NAME 3. STREET ADDRESS 3. CITY-ST-ZIP
4. TITLE 4. NAME 4. STREET ADDRESS 4. CITY-ST-ZIP	4. TITLE ☐ Change ☐ Addition 4. NAME 4. STREET ADDRESS 4. CITY-ST-ZIP
5. TITLE 5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP	5. TITLE ☐ Change ☐ Addition 5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP
6. TITLE 6. NAME 6. STREET ADDRESS 6. CITY-ST-ZIP	6. TITLE ☐ Change ☐ Addition 6. NAME 6. STREET ADDRESS 6. 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 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 above, or on an attachment with an address.

SIGNATURE: Pamela A. Lee Pres 1/27/95 904-221-8010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela A. Lee

Daytime Phone #

0004494 CP