

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:57

DOCUMENT # V36383

(0)

1. Corporation Name

PROCESSING, INCORPORATED

Principal Place of Business

4815 MAID MARION LANE
JACKSONVILLE FL 32210

Mailing Address

4815 MAID MARION LANE
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1992

3a. Date of Last Report

02/04/1994

4. FEI Number

59-3119956

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERILL, M.L.
4815 MAID MARION LANE
JACKSONVILLE FL 32210

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 in printed name of registered agent and the corporation) (Name of Registered Agent typed in printed name of corporation)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SHERILL, M.L.
STREET ADDRESS	4815 MAID MARION LANE
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	

14 NAME	☐ Change ☐ Addition
15 STREET ADDRESS	
16 CITY, ST, ZIP	
17 NAME	☐ Change ☐ Addition
18 STREET ADDRESS	
19 CITY, ST, ZIP	
20 NAME	☐ Change ☐ Addition
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 NAME	☐ Change ☐ Addition
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 NAME	☐ Change ☐ Addition
27 STREET ADDRESS	
28 CITY, ST, ZIP	
29 NAME	☐ Change ☐ Addition
30 STREET ADDRESS	
31 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(9)(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M.L. Sherill

1-10-95

904-385-6800