

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V69125 (5)

1. Corporation Name

PLANNED RETIREMENT SERVICES, INC.

Principal Place of Business

1100 CESERY BLVD
SUITE 14
JACKSONVILLE FL 32211

Mailing Address

1100 CESERY BLVD
SUITE 14
JACKSONVILLE FL 32211



2. Principal Place of Business

21 5545 ARLINGTON ROAD

Suite, Apt. #, etc.

22 E

City & State

23 JACKSONVILLE FL

Zip

24 32211

Country

25 DUVAL

2a. Mailing Address

26 5545 ARLINGTON ROAD

Suite, Apt. #, etc.

27 E

City & State

28 JACKSONVILLE FL

Zip

29 32211

Country

30 DUVAL

3. Date Incorporated or Qualified

10/07/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3149192

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

9. Name and Address of Current Registered Agent

KEMERY, FRED D
1100 CESERY BLVD
SUITE 14
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name

KEMERY, DAVID A.

82 Street Address (P.O. Box Number is Not Acceptable)

5545 ARLINGTON RD. SUITE E

83

SUITE E

84 City

JACKSONVILLE

FL

85 Zip Code

32211

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

David A. Kemery

DAVID A. KEMERY, President 4-10-96

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KEMERY, FRED D
STREET ADDRESS 1100 CESERY BLVD STE 14
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition

1.2 NAME KEMERY, DAVID A.
1.3 STREET ADDRESS 5545 ARLINGTON RD, SUITE E
1.4 CITY-ST-ZIP JACKSONVILLE FL 32211

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

2.2 NAME KEMERY, FRED D.
2.3 STREET ADDRESS 5545 ARLINGTON RD, SUITE E

2.4 CITY-ST-ZIP JACKSONVILLE, FL 32211

3.1 TITLE SECRETARY ☐ Change ☒ Addition

3.2 NAME KEMERY, GAIL C
3.3 STREET ADDRESS 5545 ARLINGTON RD, SUITE E

3.4 CITY-ST-ZIP JACKSONVILLE, FL 32211

4.1 TITLE TREASURER ☐ Change ☒ Addition

4.2 NAME KEMERY, PERRY M.
4.3 STREET ADDRESS 5545 ARLINGTON RD, SUITE E

4.4 CITY-ST-ZIP JACKSONVILLE, FL 32211

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 300001809923
5.4 CITY-ST-ZIP -05/06/96--01097--005

6.1 TITLE ***200.00 ☐ Change ☐ 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 119.07(3)(k), 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:

David A. Kemery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. KEMERY 4-10-96 744-8003 (904)

Date

Display Phone #

CR2E034 (12/95)