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93 MAY -1 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F94000002789 (5)

1. Corporation Name

MORAN CONSULTING CORPORATION

Principal Place of Business

**1265 ADMIRALS WALK
VERO BEACH FL 32963**

Managing Agent

**1265 ADMIRALS WALK
VERO BEACH FL 32963**

(PLEASE WRITE IN THIS SPACE)

2. Principal Place of Business

21

State: April 1996

22

City & State

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30

26. Mailing Address

26

State: April 1996

27

City & State

28

3. Date the Corporation was Qualified

05/27/1994

3a. Date of Last Report

4. FCI Number

22-3099331

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. 199.01, Florida Statutes.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**MORAN, WILLIAM E
1265 ADMIRALS WALK
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

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 607.04(2) and 607.1608, 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 provisions of, Section 607.04(2), Florida Statutes.

SIGNATURE

(Signature of person who is registered agent or participating in the change)

(Signature of New Agent and participation in the change)

(Signature)

12. OFFICERS AND DIRECTORS

NAME
STREET ADDRESS
CITY & STATE

**PD
MORAN, WILLIAM E
1265 ADMIRALS WALK
VERO BEACH FL 32963**

NAME
STREET ADDRESS
CITY & STATE

**TDS
MORAN, GAIL
1265 ADMIRALS WALK
VERO BEACH FL 32963**

NAME
STREET ADDRESS
CITY & STATE

NAME
STREET ADDRESS
CITY & STATE

NAME
STREET ADDRESS
CITY & STATE

NAME
STREET ADDRESS
CITY & STATE

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY & STATE

☐ Change ☐ Addition

2. NAME
3. STREET ADDRESS
4. CITY & STATE

☐ Change ☐ Addition

3. NAME
4. STREET ADDRESS
5. CITY & STATE

☐ Change ☐ Addition

4. NAME
5. STREET ADDRESS
6. CITY & STATE

☐ Change ☐ Addition

5. NAME
6. STREET ADDRESS
7. CITY & STATE

☐ Change ☐ Addition

6. NAME
7. STREET ADDRESS
8. CITY & STATE

☐ Change ☐ Addition

14. I, hereby certify that the information supplied with this report is substantially true and correct and does not qualify for the exemption stated in Sections 199.01(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct, and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of this corporation or the manager or business controller of this corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.

SIGNATURE:

William E Moran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E MORAN, PRESIDENT

4/30/95

467-778-7782