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 AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 282022 (3)

1. Corporation Name
SYSTEMS CONSULTANTS, INC.

Principal Place of Business	Mailing Address
10928 N 56TH ST PO BOX 16171 TAMPA FL 33617	10928 N 56TH ST PO BOX 16171 TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1964
3a. Date of Last Report: 04/28/1994

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

4. FEI Number: 59-1055656 ☐ 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

MCGLOTHLIN, JACQUELINE L.
5114 CHILKOOT AVE.
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name: Kathleen M. Elbare
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1804 E. 115th Ave
84 City: Tampa FL 85 Zip Code: 33612

11. Pursuant to the provisions of Section 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: Kathleen M. Elbare 5/1/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EICHHOLZ, GERHARD C 10415 N. 46TH ST. TAMPA FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	V - S Eichholz, Gerhard C 10415 N. 46th St Tampa, FL 33617	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Dennard, Merle 1545 Oak Lane Clearwater, FL 33516	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS ELBARE, KATHLEEN 1804 E. 115TH AVE TAMPA FL	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	P - T Elbare, Kathleen M 1804 E. 115th Ave Tampa, FL 33612	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE: Kathleen M. Elbare 4-8-95 (813) 985-3208
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OR DIRECTOR — DATE — Daytime Phone #

Kathleen M. Elbare

0290102 CP