

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 PM 8:09

DOCUMENT # 366491 (9)

1. Corporation Name
CARLAN CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
4475 BAYOU BLVD P.O. BOX 2518 PENSACOLA FL 32513-2518	4475 BAYOU BLVD P.O. BOX 2518 PENSACOLA FL 32513-2518

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified 07/01/1970	3a. Date of Last Report 01/28/1994
4. FEI Number 59-1294824	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CARLAN, CHARLES H.
3505 GOLDENWOOD WAY
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

B1 Name Carlan, Charles H.
B2 Street Address (P.O. Box Number is Not Acceptable) 3420 OAKMONT DR.
B3
B4 City PENSACOLA FL B5 Zip Code 32503

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 _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SVD
NAME	MCCARTNEY, PAUL F.
STREET ADDRESS	1 BEAR DRIVE
CITY - ST - ZIP	GULF BREEZE FL 32561
TITLE	POC
NAME	CARLAN, CHARLES H.
STREET ADDRESS	3420 OAKMONT DR.
CITY - ST - ZIP	PENSACOLA FL
TITLE	DTV
NAME	BAXLEY, CHARLES G.
STREET ADDRESS	5021 POINTZ PKWY
CITY - ST - ZIP	PAGE FL
TITLE	VD
NAME	SMITH, JAMES A.
STREET ADDRESS	316 FERN POINTE LANE
CITY - ST - ZIP	PENSACOLA FL 32505
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	32503
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	32571
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DELETE, NO LONGER
4.3 STREET ADDRESS	AN OFFICER
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VD
5.3 STREET ADDRESS	HOLT, ROBERT W.
5.4 CITY - ST - ZIP	3047 AVALON TERRACE VALALHO, FL. 33594
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Charles H. Carlan 4/11/95 904/494-6011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #