

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 # **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

2. Principal Place of Business	2a. Mailing Address
21 5111 N. 12th Avenue	26 P.O. Box 2518
22 State, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Pensacola, FL	28 City & State Pensacola, FL
24 Zip 32504 Country USA	29 Zip 32513-2518 Country USA

3. Date Incorporated or Qualified 07/01/1970	3a. Date of Last Report 04/14/1995
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	10. Name and Address of New Registered Agent
CARLAN, CHARLES H. 3420 OAKMONT DR PENSACOLA FL 32503	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code FL

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 _____ (NOTE: Registered Agent's signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTNEY, PAUL F.	1.2 NAME	
STREET ADDRESS	1 BEAR DRIVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	GULF BREEZE FL 32561	1.4 CITY- ST- ZIP	
TITLE	PDC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLAN, CHARLES H.	2.2 NAME	
STREET ADDRESS	3420 OAKMONT DR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	PENSACOLA FL	2.4 CITY- ST- ZIP	
TITLE	DTV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAXLEY, CHARLES G.	3.2 NAME	
STREET ADDRESS	5021 PONITZ PKWY	3.3 STREET ADDRESS	
CITY- ST- ZIP	PACE FL	3.4 CITY- ST- ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, ROBERT H	4.2 NAME	
STREET ADDRESS	3047 AVALON TERRACE	4.3 STREET ADDRESS	
CITY- ST- ZIP	VALRICO FL	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VD
STREET ADDRESS		5.3 STREET ADDRESS	BROUSSARD, MICHAEL K.
CITY- ST- ZIP		5.4 CITY- ST- ZIP	4419 CITADEL DRIVE
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VD
STREET ADDRESS		6.3 STREET ADDRESS	NEWSOME, WAYNE G.
CITY- ST- ZIP		6.4 CITY- ST- ZIP	1017 GREAT OAK DRIVE
			GULF BREEZE FL 32561

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 **2/1/96** (904) 484-6011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)