

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED  
Feb 25 1997 8:00 am  
Secretary of State

DOCUMENT # 366491 (9)

1. Corporation Name  
~~CARLAN CONSULTING GROUP, INC.----~~

CarlanKillam Consulting Group, Inc.



Principal Place of Business: 5111 N 12TH AVE, PENSACOLA FL 32504, US  
Mailing Address: P.O. BOX 2518, PENSACOLA FL 32513-2518, US

3. Date Incorporated or Qualified: 07/01/1970  
3a. Date of Last Report: 02/07/1996  
4. FEI Number: 59-1294824  
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

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

9. Name and Address of Current Registered Agent  
CARLAN, CHARLES H.  
3420 OAKMONT DR  
PENSACOLA FL 32503

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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 signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTNEY, PAUL F.	
STREET ADDRESS	1 BEAR DRIVE	
CITY-STATE-ZIP	GULF BREEZE FL 32561	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	CARLAN, CHARLES H.	
STREET ADDRESS	3420 OAKMONT DR.	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	DTV	<input type="checkbox"/> DELETE
NAME	BAXLEY, CHARLES G.	
STREET ADDRESS	5021 PONITZ PKWY	
CITY-STATE-ZIP	PACE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOLT, ROBERT H	
STREET ADDRESS	3047 AVALON TERRACE	
CITY-STATE-ZIP	VALRICO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOUSSARD, MICHAEL K	
STREET ADDRESS	4419 CITADEL DRIVE	
CITY-STATE-ZIP	PENSACOLA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NEWSOME, WAYNE G	
STREET ADDRESS	1017 GREAT OAK DRIVE	
CITY-STATE-ZIP	GULF BREEZE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Franklin O. Williamson, Jr.	
1.3 STREET ADDRESS	27 Bleeker St.	
1.4 CITY-STATE-ZIP	Millburn, NJ 07041	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	D/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Emil C. Herkert	
4.3 STREET ADDRESS	27 Bleeker St.	
4.4 CITY-STATE-ZIP	Millburn, NJ 07041	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Albert N. Beninato	
5.3 STREET ADDRESS	100 Willowbrook Drive	
5.4 CITY-STATE-ZIP	Freehold, NJ 07728	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sandra L. Lambert	
6.3 STREET ADDRESS	81 Wyman Street	
6.4 CITY-STATE-ZIP	Waltham, MA 02254	

14. I do hereby certify that the information supplied with this filing 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 of this report, or on an attachment with an address.

SIGNATURE: Emil C. Herkert, Director February 14, 1997  
201-379-3400

CR2E034 (9/96)