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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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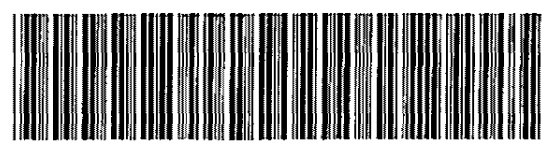
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATION ANNUAL REPORT 1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
CARLAN CONSULTING GROUP, INC.

DOCUMENT #
366491 (9)

Mailing Address
**4475 BAYOU BLVD
P.O. BOX 2518
PENSACOLA FL 32513-2518**

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

DO NOT WRITE IN THIS SPACE

If these addresses are incorrect in any way, file through correct information and enter correction below.

2. Mailing Address
21 Suito, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Principal Place of Business
26 Suito, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
07/01/1970

3a. Date of Last Report
03/05/1993

4. FEI Number
59-1294824

6. Certificate of Status Desired
\$8.75 Additional Fee Required **Yes**

6. I wish to certify for the purpose of the Florida Statutes
 Not Applicable
 Marking Trust
 Form Corporation
\$5.00 May Be Added to Fees

7. Nonprofit Exempt from \$138.75 Supplemental Fee

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes **Yes** **No**

9. Name and Address of Current Registered Agent

**CARLAN, CHARLES H.
3505 GOLDENWOOD WAY - 3420 OAKMONT DR.
PENSACOLA FL 32504 - Pensacola, FL. 32503**

10. Name and Address of Now 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 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent or its Reg. Agent's Agent) (Not a Registered Agent unless so designated on the certificate)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 1994	
1.1 TITLE	SN/D	1.1 TITLE	
1.2 NAME	MCCARTNEY, PAUL F.	1.2 NAME	
1.3 STREET ADDRESS	1 BEAR DRIVE	1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	GULF BREEZE FL 32581	1.4 CITY - ST - ZIP	
2.1 TITLE	P/D/C	2.1 TITLE	
2.2 NAME	CARLAN, CHARLES H.	2.2 NAME	
2.3 STREET ADDRESS	3505 GOLDENWOOD WAY -	2.3 STREET ADDRESS	3420 OAKMONT DR.
2.4 CITY - ST - ZIP	PENSACOLA FL 32504 -	2.4 CITY - ST - ZIP	Pensacola, FL. 32503
3.1 TITLE	D/T/V	3.1 TITLE	ADD V. S/D P/T/V
3.2 NAME	BAXLEY, CHARLES G.	3.2 NAME	
3.3 STREET ADDRESS	5021 PONITZ PKWY	3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	PAGE FL 32571	3.4 CITY - ST - ZIP	
4.1 TITLE	V	4.1 TITLE	
4.2 NAME	MCCARTNEY, PAUL F.	4.2 NAME	
4.3 STREET ADDRESS	1 BEAR DRIVE	4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	GULF BREEZE FL 32581	4.4 CITY - ST - ZIP	
5.1 TITLE	V	5.1 TITLE	
5.2 NAME	BAXLEY, CHARLES G.	5.2 NAME	
5.3 STREET ADDRESS	5021 PONITZ PKWY	5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	PAGE FL 32571	5.4 CITY - ST - ZIP	
6.1 TITLE	V/D	6.1 TITLE	
6.2 NAME	SMITH, JAMES A.	6.2 NAME	
6.3 STREET ADDRESS	318 FERN POINTE LANE	6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	PENSACOLA FL 32505	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 119.27(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(a) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, 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 **CHARLES H. Carlan, Pres. 1/25/94 (904) 484-6011**