

[Empty rectangular box]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

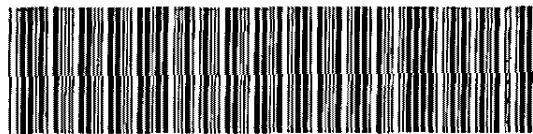
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Empty rectangular box for special instructions]

Office Use Only



500038002525

File Now. Filing Fee after May 1 is \$225.00

APPROVED
AND
FILED

93 MAR -3 PM 4: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1993



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

1. Name and Mailing Address of Corporation: **DOCUMENT # 366491 (9)**
CARLAN CONSULTING GROUP, INC.
4475 BAYOU BLVD
P.O. BOX 2518
PENSACOLA FL 32503-2601

DO NOT WRITE IN THIS SPACE

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

25. Principle Place of Business
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

3. Date Incorporated or Changed: **07/01/1970**
3a. Date of Last Filing: **02/28/1992**
4. FEL Number: **691294824**
5. Certificate of Status Desired: **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$138.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under Florida Statutes: Yes 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
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
86. County

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, Florida Statutes.

SIGNATURE

Registered Agent Accepting Appointment

DATE

12. OFFICERS AND DIRECTORS	
1.1 TITLE	S/P/D
1.2 NAME	MCCARTNEY, PAUL F.
1.3 ADDRESS	1 BEAR DRIVE
1.4 CITY, ST, ZIP	GULF BREEZE FL 32561
2.1 TITLE	P/D/C
2.2 NAME	CARLAN, CHARLES H.
2.3 ADDRESS	3505 GOLDENWOOD WAY
2.4 CITY, ST, ZIP	PENSACOLA FL 32504
3.1 TITLE	D/T/
3.2 NAME	BAXLEY, CHARLES G.
3.3 ADDRESS	5021 PONITZ PKWY
3.4 CITY, ST, ZIP	PAGE FL 32571
4.1 TITLE	V
4.2 NAME	MCCARTNEY, PAUL F.
4.3 ADDRESS	1 BEAR DRIVE
4.4 CITY, ST, ZIP	GULF BREEZE FL 32561
5.1 TITLE	V
5.2 NAME	BAXLEY, CHARLES G.
5.3 ADDRESS	1 BEAR DRIVE 5021 Ponitz Pkwy
5.4 CITY, ST, ZIP	GULF BREEZE FL Page FL 32571
6.1 TITLE	D
6.2 NAME	Smith, James A
6.3 ADDRESS	316 FERN POINTE LAKE
6.4 CITY, ST, ZIP	Pensacola, FL 32505

13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	<input checked="" type="checkbox"/>
1.2 NAME	Smith, James A
1.3 ADDRESS	316 FERN POINTE LAKE
1.4 CITY, ST, ZIP	Pensacola, FL 32505
2.1 TITLE	D
2.2 NAME	Newsome, WAYNE
2.3 ADDRESS	1617 GREAT OAK DR.
2.4 CITY, ST, ZIP	GULF BREEZE, FL 32561
3.1 TITLE	D
3.2 NAME	BROUSSARD, MICHAEL
3.3 ADDRESS	4419 CITADEL DR
3.4 CITY, ST, ZIP	Pensacola, FL 32504
4.1 TITLE	
4.2 NAME	
4.3 ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	
5.2 NAME	
5.3 ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	
6.2 NAME	
6.3 ADDRESS	
6.4 CITY, ST, ZIP	

14. I 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 written in ink. I further certify 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, Part 13(a) or on an attachment with an address.

SIGNATURE *Charles H. Carlan*

DATE **2/16/93**

Print Name of Signing Officer or Director
CHARLES H. CARLAN

Title
PRESIDENT - CHM. OF THE BOARD

Division Telephone Number
(904) 484-6011