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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 PM 12:02

DOCUMENT # **459095** **(6)**

1. Corporation Name
CONSULTANTS, INC., OF SOUTHWEST FLORIDA

Principal Place of Business	Mailing Address
376 LEATHERFERN LANE MARCO ISLAND FL 33937	376 LEATHERFERN LANE MARCO ISLAND FL 33937

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/05/1974
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business	2a. Mailing Address
21 852 BALD EAGLE DRIVE	26 852 BALD EAGLE DRIVE
Suite, Apt. #, etc. 22 APT	Suite, Apt. #, etc. 27 P.O. BOX 825
City & State 23 MARCO ISLAND, FL.	City & State 28 MARCO ISLAND, FL.
Zip / Country 24 33969-0825 / 25 USA.	Zip / Country 29 33969-0825 / 30 USA.

4. FEI Number: 59-1573418 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LLEWELLYN, LEONARD F. 376 LEATHERFERN LANE MARCO ISLAND FL 33937	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 852 BALD EAGLE DRIVE 83 84 City: FL 85 Zip Code: 33969-0825

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CST	11 TITLE	☒ Change ☐ Addition
NAME	LLEWELLYN, LEONARD F	12 NAME	P.O. BOX 825 NA
STREET ADDRESS	376 LEATHER FERN LANE	13 STREET ADDRESS	852 BALD EAGLE DRIVE
CITY-ST-ZIP	MARCO ISL, FL 00000	14 CITY-ST-ZIP	MARCO ISLAND, FL 33969-0825
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/30/1995 813-394-8211
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0324091 CP