

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 # 574550 (0)

1. Corporation Name

LAMPL/HERBERT CONSULTANTS, INC.



Principal Place of Business

546 E. CALL STREET
P.O. BOX 10129
TALLAHASSEE FL 32302

Mailing Address

546 E. CALL STREET
P.O. BOX 10129
TALLAHASSEE FL 32302

3. Date Incorporated or Qualified
06/02/1978

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-1960341

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

LAMPL, LINDA L
546 E CALL ST
TALLAHASSEE FL 32301

10. Name and Address of New 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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then applicable to

(If the Registered Agent is not a corporation, then the signature of the Registered Agent is required.)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD
NAME HERBERT, THOMAS
STREET ADDRESS 546 E CALL ST
CITY-ST-ZIP TALLAHASSEE, FL 00000 ☐ DELETE

TITLE PDS
NAME LAMPL, LINDA L
STREET ADDRESS 546 E CALL ST
CITY-ST-ZIP TALLAHASSEE, FL 00000 ☐ DELETE

TITLE DV
NAME BUTSCH, MARK J
STREET ADDRESS 1162 OLD FORT DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 00000 ☐ DELETE

TITLE VDT
NAME BUTSCH, MARTHA A
STREET ADDRESS 4600 SW 67TH AVENUE, #144
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE TD
NAME BURTON, PATRICIA
STREET ADDRESS 1163 OLD FORT DRIVE
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda L Lampl

24 Apr 96

(904) 222-4634

CR2E034 (12/95)