FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DOCUMENT # 681858 (7)

1. Corporate Name
SURVIVAL CONSULTANTS, INC.

Principal Place of Business
900 JAN MAR COURT
MINNEOLA FL 34755

Mailing Address
P.O. BOX 120688
CLERMONT FL 34712-0689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1980
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite Apt. #
22
City & State
23
24 25

2a. Mailing Address
26
Suite Apt. #
27
City & State
28
29 30

4. FEI Number: NOT APPLICABLE
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 elected to integrate its shares pursuant to Section 607.0505 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
WELBORN, JAMES F.
900 JAN MAR COURT
MINNEOLA FL 34755

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 Section 607.0505 and 607.0508 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. Hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WELBORN, JAMES F.
STREET ADDRESS	900 JAN MAR COURT
CITY, ST, ZIP	MINNEOLA FL 34755
TITLE	SD
NAME	WELBORN, JAMES F JR
STREET ADDRESS	13127 LOBLOLLY LANE
CITY, ST, ZIP	CLERMONT FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP	34711	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this report is accurate and does not qualify for the exemptions stated in Section 607.0505 Florida Statutes. I further certify that the corporation has filed all applicable reports and paid all filing fees due for the current year and prior years, and that my corporation shall file all reports required by Chapter 607 Florida Statutes, and that my name appears above, or on an attached exhibit, as an officer or director with any interest.

SIGNATURE: [signature] 4/26/95 904-242-1172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

0376237 CP