FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **698970** **(1)**

1. Corporation Name
FORENSIC AND SECURITY CONSULTANTS CORPORATION

Principal Place of Business	Mailing Address
1960 MIDYETTE RD **TALLAHASSEE FL 32301**	**P.O. BOX 654** **TALLAHASSEE FL 32302**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
06/14/1991	**06/09/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number **59-2125752** ☐ 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
MATHUES, STEPHEN S **2200 HAWK TRACE** **TALLAHASSEE FL 32303**	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, 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	D	11 TITLE	☐ Change ☐ Addition
NAME	HACKMEYER, RICHARD J	12 NAME	
STREET ADDRESS	275 N. UNION #409	13 STREET ADDRESS	
CITY ST ZIP	ST. LOUIS MO	14 CITY ST ZIP	
TITLE	D	21 TITLE	XX Change ☐ Addition
NAME	TROELSTRUP, WILLIAM A	22 NAME	
STREET ADDRESS	331 REMINGTON LOUP	23 STREET ADDRESS	331 Remington Loop
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HALLIGAN, JAMES E JR	32 NAME	600001474456
STREET ADDRESS	2117 GIBBS DR	33 STREET ADDRESS	-05/03/95--01176--008
CITY ST ZIP	TALLAHASSEE, FL 00000	34 CITY ST ZIP	****200.00 ****200.00
TITLE	DP	41 TITLE	XX Change ☐ Addition
NAME	NUTE, H DALE	42 NAME	
STREET ADDRESS	527 EAST CALL STREET	43 STREET ADDRESS	1960 Midyette Rd
CITY ST ZIP	TALLAHASSEE, FL 00000	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MILLIKEN, STEPHEN B	52 NAME	
STREET ADDRESS	729 LUPINE LANE	53 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE, FL 00000	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.

(904) 878-8742

SIGNATURE: H. Dale Nute H. Dale Nute/President 4/28/95 **XXXXXXX**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

698970 CP