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 MAR 23 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 837688 (1)

1. Corporation Name
HJ CONSULTANTS, INC.

Principal Place of Business
6406 DORIS DRIVE
FT. PIERCE FL 34951

Mailing Address
P.O. BOX 30292
378 BEAR TRAIL
RIVER RANCH FL 33867
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1977
3a. Date of Last Report: 04/15/1994

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

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

4. FEI Number: 04-2258020 ☐ 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

JONES, HARRISON JR.
7508 PACIFIC AVE.
LAKEWOOD PK
FT. PIERCE FL 34951

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 607.0502 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	JONES, HARRISON JR.	1.2 NAME	
STREET ADDRESS	P.O. BOX 30292, 378 BEAR TRAIL N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVER RANCH FL 33867	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	JONES, PAULINE E.	2.2 NAME	
STREET ADDRESS	P.O. BOX 30292, 378 BEAR TRAIL N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVER RANCH FL 33867	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	☐ Change ☐ Addition
NAME	BARRINGER, DEAN	3.2 NAME	
STREET ADDRESS	6406 DORIS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34951	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	BARRINGER, JOYCE	4.2 NAME	
STREET ADDRESS	6406 DORIS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34951	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, ELAINE M.	5.2 NAME	
STREET ADDRESS	4905 MAGNOLIA	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAY CITY TX	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	JONES, RONALD	6.2 NAME	
STREET ADDRESS	924 PHILLIPS LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLETON CO	6.4 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: Joyce Barringer Joyce Barringer 3-20-95 (407)461-6120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406847 FP