FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS							
DOCUN 1. Gorporation LONG	MENT # F930 CONSULTING, INC.	00004248 (1)	,			
Principal Place	of Business	Mailing Address				(† 66 11); 45 111 65 111 616	40 11011 O1601 1011 1001
608 CUTLASS 608 CUTLASS							
AUSTIN TX	78734	AUSTIN TX 78734					
					3. Date Incorporated or Qualified 09/20/1993	3a. Date of La 04/28	st Report /1995
Principal Place of Business Real Real Real Real Real Real Real R					4. FEI Number 59-2255539		Applied For
21 26							Not Applicable 75 Additional
27					5. Certificate of Status Desired	1 1	ee Required
—¬ ' ——¬ '		City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be
23	28		Country		This corporation has liability for i	<u>^</u>	ers 199.032.
24	25 29		30		Florida Statutes Yes	□ No	
	9. Name and Address of Curr	rent Registered Agent		61 Name	10. Name and Address of New R	legistered Ageni	
1000	IAMP			81 Name			
LONG,				ess (P.O. Box Number is Not Acceptable)			
	/ 28TH STREET WILLE FL 32607			83		 	
				84 City		 85	Zip Code
		· · · · · · · · · · · · · · · · · · ·	 			FL	
11. Pursuant to or registere	o the provisions of Sections 607.05 ed agent, or both, in the State of Fl	502 and 607.1508, Florida Statuti lorida. Such change was authoriz	es, the abo ed by the c	ve-named corpo corporation's boa	oration submits this statement for the pur ard of directors. I hereby accept the appo	rpose of changing ointment as regist	its registered office ered agent. I am
familiar witi	h, and accept the obligations of, S	ection 607.0505, Florida Statutes	i	·	, , , , , ,		Ĭ
SIGNATURE: _	Signature: typed or printed name of registered as	gent and title if applicable (NC	TE Registered	Agent signature require	ed when reinstating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	PST DELETE		1, 1 T			☐ Cha	ngr 🗌 Addition 🗒
NAME	LONG, GARY 608 CUTLASS		1.2 NAME				[8]
STREET ADDRESS CITY-S1-ZIP	AUSTIN TX 78734		1.3 STREET ADDRESS 1.4 City - St - Zip				<u> </u>
TITLE	DELETE		2 1 TITLE			☐ Cha	nge: 🖺 Addition
NAME			2.2 N	AME			
STREET ADDRESS			2.3 \$1	REET ADDRESS			
CITY - ST - ZIP		**************************************	2 4 C1	TY - ST - ZiP			
TITLE	☐ DELETE		3 1 TITLE 3.2 NAME			☐ Cha	nge
NAME			1	1			
STREET ADDRESS CITY+ST-ZIP				TREET ADDRESS TY-ST-ZIP			
TITLE		DELETE	4,11			☐ Cha	nge: Addition
NAME			4.2 N	AME			_
STREET ADDRESS			4.3 ST	TREET ADDRESS			
CITY+\$1-ZIP			4.4 C)	TY-ST-ZIP			
1111.6		☐ DELETE	5 1 T			☐ Cha	inge: 🔲 Addition
NAME			5.2 N	+			
STREET ADDRESS				IREET ADDRESS			
CITY-ST-ZIP TITGE		☐ DELETE	54U	TY-ST-ZIP		☐ Cha	inge: Addition
NAME			62 N				
STREET ADDRESS				TREET ADDRESS			1
CITY-ST-ZIP				TY-ST-ZIP			
14. Ldo hereb	certify that the information supplied	ed with this filing is voluntarily furn	nished and	does not qualify	for the exemption stated in Section 119.	07(3)(k). Florida S	italutes. 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 itself anged, or or an attachment with an address. Gary Long President, 28 April 96 512/161-5664

SIGNATURE: