

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003526 (9)**

1. Corporation Name

GARCIA CONSULTING, INC.



Principal Place of Business

**2361 S. JEFFERSON DAVIS HWY
STE 906
ARLINGTON VA 22202**

Mailing Address

**2361 S. JEFFERSON DAVIS HWY
STE 906
ARLINGTON VA 22202**

3. Date Incorporated or Qualified

07/21/1995

3a. Date of Last Report

2. Principal Place of Business

21 **7927 Jones Branch Drive**

2a. Mailing Address

26 **7927 Jones Branch Drive**

52-1448710

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **Suite 400**

Suite, Apt. #, etc.

27 **Suite 400**

City & State

23 **McLean, Virginia**

City & State

28 **McLean, Virginia**

Zip

24 **22102**

Country

25 **USA**

Zip

29 **22102**

Country

30 **USA**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1509, 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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P**
GARCIA JR, ARTHUR F
STREET ADDRESS **15244 FALCONBRIDGE TERRACE**
CITY-ST-ZIP **GAITHERSBURG MD**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **V**
WOOD, CAROL M
STREET ADDRESS **8360 GREENSBORO DR., #212**
CITY-ST-ZIP **MCLEAN VA**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **V**
SCHELLER, GERARD C
STREET ADDRESS **23 MERCY COURT**
CITY-ST-ZIP **POTOMAC MD**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **C**
ECK, PHILLIP M
STREET ADDRESS **7584 THURSTON LANE**
CITY-ST-ZIP **MANASSAS VA**

4.1 TITLE ☒ Change ☐ Addition
Vice President - F.O.

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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

Arthur F. Garcia, Jr. - President 02/26/96

DATE

Daytime Phone #

CR2E034 (12/95)