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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:12

DOCUMENT # G31485 (7)

1. Corporation Name
SERVICE CONSULTANTS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
16602 AVILA BLVD P O BOX 270908 TAMPA FL 33688	16602 AVILA BLVD P O BOX 270908 TAMPA FL 33688

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1983
3a. Date of Last Report: 05/20/1994

2. Principal Place of Business
21: 102 Whitaker Rd
22 Suite, Apt. #, etc: Lutz Fl.
23 City & State: Lutz Fl
24 Zip: 33549
25 County: Hillsboro

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

4. FEI Number: 59-2383023 ☐ 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

BACCARELLA, DOMINIC J.
1505 N FLORIDA AVE. STE A
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: Nancy Gonzalez-Ballo
82 Street Address (P.O. Box Number is Not Acceptable): 102 Whitaker Rd
83
84 City: Lutz FL 85 Zip Code: 33549

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: N. Gonzalez-Ballo — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	LADD, ROGER D	12 NAME	
STREET ADDRESS	16602 AVILA BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	DIRECTOR ☐ Change ☐ Addition
NAME	BACCARELLA, DOMINIC J	22 NAME	NANCY GONZALEZ-BALLO
STREET ADDRESS	202 SOUTH WESTLAND AVE	23 STREET ADDRESS	102 WHITAKER RD
CITY ST ZIP	TAMPA, FL 00000	24 CITY-ST-ZIP	LUTZ FL 33549
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		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)(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] 3/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER — Date — Daytime Phone #