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
95 APR 21 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H18534

1. Corporation Name

Federal Investigators Inc of Pasco

Principal Place of Business	Mailing Address
37206 Clinton Av Dade City, FL 33525	P O Box 1245 Dade City, FL 33526-1245

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 8-20-84
3a. Date of Last Report: 1994

2. Principal Place of Business	2a. Mailing Address
21 37206 Clinton Av	26 P O Box 1245
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Dade City, FL 33525	28 Dade city, FL 33526-1245
24 Zip: 33525 / 25 Country: USA	29 Zip: 33526-1245 / 30 Country: USA

4. FEI Number: 59-2416000 ☐ 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

Gabriel J Mancuso
37206 Clinton Av/P O Box 36
Dade city, FL 33526-0036

AD Funds 4/26/95

10. Name and Address of New Registered Agent

81 Name: James R Hendricks
82 Street Address (P.O. Box Number is Not Acceptable): 38851 Sparkman Rd
83
84 City: Dade City FL 85 Zip Code: 33526

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: James R Hendricks — James R. Hendricks — 4/10/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when designating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	President Thomas F Kepler N/A P O Box 11603 Philadelphia, PA 19116	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Vice-President Same as President	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition 600001466966 -04/27/95--01068--020 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Secretary/Treasuer Same as President	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ 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)(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: Thomas F Kepler — Thomas F Kepler — 4/12/95 — 904/567-1211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #