

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # H41749

(3)

1. Corporation Name

EAP CONSULTANTS, INC.

Principal Place of Business

6309 CORPORATE CT. SUITE F
FT. MYERS FL 33909

Mailing Address

6309 CORPORATE CT. SUITE F
FT. MYERS FL 33909

2. Principal Place of Business

21 6237-B Presidential Ct.
Suite, Apt. #, etc.

2a. Mailing Address

26 6237-B Presidential Ct.
Suite, Apt. #, etc.

22 City & State

23 Ft. Myers, FL

24 Zip

25 33919

Country

27 City & State

28 Ft. Myers, FL

29 Zip

30 33919

Country

3. Date Incorporated or Qualified

02/07/1985

3a. Date of Last Report

03/17/1994

4. FEI Number

59-2513545

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

BROWN, KIM C.

6309 CORPORATE CT. #F
FT. MYERS FL 33909

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6237-B Presidential Ct.

83

84 City

Ft. Myers

FL

85 Zip Code

33919

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME ANDERSON, JUDITH
STREET ADDRESS 6309 CORPORATE CT, #F
CITY-ST-ZIP FT. MYERS FL

TITLE VT
NAME ANDERSON, JUDITH
STREET ADDRESS 6309 CORPORATE CT, #F
CITY-ST-ZIP FT. MYERS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 6237-B Presidential Ct.
1.4 CITY-ST-ZIP Ft. Myers, FL 33919

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 6237-B Presidential Ct.
2.4 CITY-ST-ZIP Ft. Myers, FL 33919

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

Judith Anderson Judith Anderson

3/10/95

(813) 433-1211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR