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 FEB 24 PM 3:59

DOCUMENT # **J05988** **(7)**

1. Corporation Name
MOTOR CARRIER ACCIDENT CONSULTANTS, INC.

Principal Place of Business	Mailing Address
407 A1A #431 SATELLITE BEACH FL 32937 US	P O BOX 372396 SATELLITE BEACH FL 32937-0396 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/25/1986**
3a. Date of Last Report: **02/28/1994**

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

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

4. FEI Number: **58-1541007** ☐ 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

NEAL, JOHN R.
407 A1A HWY. - #431
SATELLITE BCH. FL 32937-0396

10. Name and Address of New Registered Agent

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 607.1508, 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) (Registered Agent signature required when needed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	NEAL, JOHN R.	12 NAME		
STREET ADDRESS	407 A1A HWY. #431	13 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BCH. FL	14 CITY-ST-ZIP		
TITLE	VT	21 TITLE	S/T	☑ Change ☐ Addition
NAME	NEAL, JOYCE E.	22 NAME		
STREET ADDRESS	407 A1A HWY. #431	23 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BCH. FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	Delete Nancy Neal	☑ Change ☐ Addition
NAME	NEAL, NANCY E.	32 NAME		
STREET ADDRESS	407 A1A HWY. #431	33 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BCH. FL	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/We 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 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: John R Neal John R Neal 21 Feb 95 (407) 777-1975
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR

0069370 CP