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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J09024

1. Corporation Name
T.A. MCMULLEN CONSULTANTS, INC.

Principal Place of Business	Mailing Address
%THOMAS A. MCMULLEN 274 AQUARINA BLVD. P.O. BOX 510400 MELBOURNE BEACH FL 32951	%THOMAS A. MCMULLEN 274 AQUARINA BLVD. P.O. BOX 510400 MELBOURNE BEACH FL 32951

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 04/14/1986	
21 626 RUSSELL BLVD.	26 P.O. BOX 10	4. FEI Number: 59-2669543	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.: 22 FT. WALTON BEACH	Suite, Apt. #, etc.: 27 FT. WALTON BEACH	5. Certificate of Status Desired — ☒	$8.75 Additional Fee Required
City & State: 23 FL.	City & State: 28 FL.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip: 24 32547 Country: 25 OKALOOSA	Zip: 29 32549-0010 Country: 30 OKALOOSA	8. This corporation owes the current year Intangible Personal Property Tax.	☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCMULLEN, THOMAS A. 310 HAMMOCK SHORES DR MELBOURNE BEACH FL 32951	81 Name: VICTOR M. OSTROWSKI 82 Street Address (P.O. Box Number is Not Acceptable): 626 RUSSELL BLVD. 83 84 City: FT. WALTON BCH. FL 85 Zip Code: 32547

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: Alice E. Ostrowski, Sec/Trea. (Signature, typed or printed name of registered agent and title if applicable) — (NOTE: Registered Agent signature required when reinstating) — DATE: 4/2/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MCMULLAN, THOMAS A 310 HAMMOCK SHORES DR MELBOURNE BEACH FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P VICTOR M. OSTROWSKI 626 RUSSELL BLVD. FT. WALTON BCH., FL. 32547 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GEIST, ARDEN A 2600 RIVERSIDE INDIALANTIC FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S/T Alice E. OSTROWSKI 626 RUSSELL BLVD. FT. WALTON BCH., FL 32547 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Victor Ostrowski — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1/22/99 — Daytime Phone #: (850) 862-9033 (860) 249-1544