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

APPROVED AND FILED
95 MAY -1 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K06877 (0)

1. Corporation Name
SITE ACQUISITIONS AND CONSULTANTS, INC.

Principal Place of Business	Mailing Address
1501 1/2 S DALE D=MABRY, SUITE 102 P.O. BOX 21566 TAMPA FL 33629	1501 1/2 S DALE D=MABRY, SUITE 102 P.O. BOX 21566 TAMPA FL 33629

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/14/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 1510 S. CLARK AVE.
22 Suite, Apt. #, etc.: SUITE A
23 City & State: TAMPA, FL
24 Zip: 33629
25 Country: HILLS B.

2a. Mailing Address
26: P.O. BOX 21566
27 Suite, Apt. #, etc.:
28 City & State: TAMPA, FL.
29 Zip: 33622-1566
30 Country: HILLS B.

4. FEI Number: 59-2855167 ☐ 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

BOBIER, GERALD W., SR.
~~1501 1/2 S. DALE MABRY SUITE 102~~
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1510 S. CLARK AVE
83:
84 City: TAMPA FL 85 Zip Code: 33629

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BOBIER, GERALD W., SR.	1.2 NAME	
STREET ADDRESS	~~1501 1/2 S. DALE MABRY~~	1.3 STREET ADDRESS	1510 S. CLARK AVE
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL 33629
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	BOBIER, GLORIA S.	2.2 NAME	
STREET ADDRESS	~~1501 1/2 S. DALE MABRY~~	2.3 STREET ADDRESS	1510 S. CLARK AVE
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33629
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	BOBIER, ROBERT L.	3.2 NAME	
STREET ADDRESS	~~1501 1/2 S. DALE MABRY~~	3.3 STREET ADDRESS	1510 S. CLARK AVE
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL. 33629
TITLE	VPD	4.1 TITLE	☐ Change ☐ Addition
NAME	BOBIER, JAY W	4.2 NAME	
STREET ADDRESS	~~1501 1/2 S DALE MABRY~~	4.3 STREET ADDRESS	1510 S. CLARK AVE
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA, FL. 33629
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Gerald Bobier 4-26-95 813-289-7669
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
GERALD W. BOBIER PRES

0303470 CP