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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:28

DOCUMENT # K08121 (1)

1. Corporation Name
OUTDOOR CONSULTING, INC.

Principal Place of Business	Mailing Address
C/O VINCENT W. SHIEL 6900 SE GOLFHOUSE DR HOBE SOUND FL 33455 US	C/O VINCENT W. SHIEL 6900 SE GOLFHOUSE DR HOBE SOUND FL 33455 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1987	3a. Date of Last Report: 01/28/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 31-0951771	☐ 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

SHIEL, VINCENT W.
6900 SE GOLFHOUSE DR
HOBE SOUND FL 33455

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: _____ Vincent W. Shiel _____ 1/10/95
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☐ Change ☐ Addition
NAME	SHIEL, VINCENT W.	12 NAME	
STREET ADDRESS	6900 SE GOLFHOUSE DR	13 STREET ADDRESS	
CITY ST ZIP	HOBE SOUND FL	14 CITY ST ZIP	
TITLE	DST	21 TITLE	☐ Change ☐ Addition
NAME	SHIEL, HELEN	22 NAME	
STREET ADDRESS	6900 SE GOLFHOUSE DR	23 STREET ADDRESS	
CITY ST ZIP	HOBE SOUND FL	24 CITY ST ZIP	
TITLE	DS	31 TITLE	☐ Change ☐ Addition
NAME	HEYMAN, RALPH E.	32 NAME	
STREET ADDRESS	10 CT HOUSE PLAZA #1100	33 STREET ADDRESS	
CITY ST ZIP	DAYTON OH	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 do hereby certify that the information supplied with this report, 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: Vincent W. Shiel 1/10/95 407 546 8128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0260304 CP