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 APR 17 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14999 (1)

1. Corporation Name
ENTERPRISE CONSULTING, INC.

Principal Place of Business		Mailing Address
4601 DOW RIDGE ~~11520 SW 22 CT~~ ORCHARD LAKE MI 48324 US	Remove This Line	P O BOX 251094 ~~11520 SW 22 CT~~ WEST BLOOMFIELD MI 48325 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21 4601 Dow Ridge	2a. Mailing Address	26 [redacted] Po Box 251094
Suite, Apt #, etc.	22	Suite, Apt #, etc.	27
City & State	23 Orchard Lake, MI	City & State	28 West Bloomfield MI
Zip	24 48324	Zip	29 48325
Country	25 Oakland	Country	30 Oakland

3. Date Incorporated or Qualified: 09/07/1989
3a. Date of Last Report: 03/15/1994
4. FEI Number: 65-0142804 ☐ 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

PEABODY, WARREN W
6141 CHESHAM
NEW PORT RICHEY FL 34653

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WHITE, ROBERT P
STREET ADDRESS	4601 DOW RIDGE
CITY ST ZIP	ORCHARD LAKE MI
TITLE	S
NAME	WHITE, TOMMI A
STREET ADDRESS	4601 DOW RIDGE
CITY ST ZIP	ORCHARD LAKE MI
TITLE	D
NAME	PEABODY, WARREN W
STREET ADDRESS	6141 CHESHAM
CITY ST ZIP	NEW PORT RICHEY FL
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

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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: Robert P. White, Pres — 4/10/95 — 810 682 6956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0467203 FP