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 AM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L39818 (4)

1. Corporate Name

APPLICATION DEVELOPMENT CONSULTANTS, INC.

Principal Place of Business

3802 GUNN HIGHWAY
SUITE B
TAMPA FL 33624
US

Mailing Address

3802 GUNN HIGHWAY
SUITE B
TAMPA FL 33624
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/26/1989

3a. Date of Last Report: 06/20/1994

2. Principal Office Address — 21

2a. Mailing Address — 26

Suite, Apt. # or PO Box — 22

Suite, Apt. # or PO Box — 27

City & State — 23

City & State — 28

Zip — 24 — County — 25

Zip — 29 — Country — 30

4. FEI Number: 59-2982835 — 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 legally incorporated under Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMON, GARY L
7010 WESTMINSTER ST.
TAMPA FL 33635

10. Name and Address of New Registered Agent

81 Name: LOVERIDGE, STEPHEN R

82 Street Address (P.O. Box Number is Not Acceptable): 15010 NATUREWALK DRIVE

83

84 City: TAMPA — FL — 85 Zip Code: 33624

11. Pursuant to the provisions of Section 607.0502, 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. The change was authorized by the corporation's board of directors. I hereby certify that the appointment as registered agent has been accepted and that I am familiar with and accept the duties of registered agent under Florida Statutes.

Signature: Stephen R. Loveridge — STEPHEN R. LOVERIDGE, PRES. — 4/25/95

12. OFFICER/DIRECTOR

PTS
SIMON, GARY L
7010 WESTMINSTER ST.
TAMPA FL 33635

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☒ Change ☐ Addition

PTS
LOVERIDGE, STEPHEN R
15010 NATUREWALK DRIVE
TAMPA FL 33624

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. To the best of my knowledge, the information supplied with the filing is complete and accurate, and is in compliance with the applicable provisions of Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Stephen R. Loveridge — SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — STEPHEN R. LOVERIDGE — 4/25/95 — 813 265 3708

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