

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
7/20/95

95 MAY -1 PM 11:18

DOCUMENT # **M64900** (7)

1. Corporation Name

AMERICAN CONSOLIDATED CAPITAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

3. Mailing Address

% HOWARD COOK
BOX 647
ELFERS FL 34680-7647

% HOWARD COOK
BOX 647
ELFERS FL 34680-7647

DO NOT WRITE IN THIS SPACE

3. Date Report Due for Filing 01/12/1998 3a. Date of Last Report 05/01/1994

4. FIC Number 59-2866751 4a. Agent Fee Agreed For Not Applicable

5. Certificate of Status Fee \$8.75 Additional Fee Required
6. How has Corporation Complied? ☒ Yes ☐ No \$5.00 May Be Added to Fees

6. How has Corporation Complied? ☒ Yes ☐ No \$5.00 May Be Added to Fees

6. How has Corporation Complied? ☒ Yes ☐ No \$5.00 May Be Added to Fees

2. Principal Office Address 2a. Mailing Address

21. Principal Office Address 2a. Mailing Address

22. Principal Office Address 2a. Mailing Address

23. Principal Office Address 2a. Mailing Address

24. Principal Office Address 2a. Mailing Address

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOK, HOWARD
1722 MISSOURI AVE. SOUTH
CLEARWATER FL 33516

81. Name
82. Street Address, P.O. Box Number or Not Applicable
83.
84. State FL 85. Zip Code

11. Change of Name, Principal Office Address, Mailing Address, or Registered Agent: If the corporation has changed its name, principal office address, mailing address, or registered agent, it must file this statement with the Department of State. If the corporation has not changed any of these items, it must file this statement with the Department of State. If the corporation has changed its name, principal office address, mailing address, or registered agent, it must file this statement with the Department of State. If the corporation has not changed any of these items, it must file this statement with the Department of State.

12. Name and Address of Registered Agent

13. Name and Address of Registered Agent

NAME	COOK, HOWARD	NAME	
STREET ADDRESS	1722 MISSOURI AVE S	STREET ADDRESS	
CITY	CLEARWATER FL	CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
PHONE NUMBER		PHONE NUMBER	
TELEFAX NUMBER		TELEFAX NUMBER	
E-MAIL ADDRESS		E-MAIL ADDRESS	
AGENT'S SIGNATURE		AGENT'S SIGNATURE	
AGENT'S TITLE		AGENT'S TITLE	
AGENT'S ADDRESS		AGENT'S ADDRESS	
AGENT'S CITY		AGENT'S CITY	
AGENT'S STATE		AGENT'S STATE	
AGENT'S ZIP CODE		AGENT'S ZIP CODE	
AGENT'S PHONE NUMBER		AGENT'S PHONE NUMBER	
AGENT'S TELEFAX NUMBER		AGENT'S TELEFAX NUMBER	
AGENT'S E-MAIL ADDRESS		AGENT'S E-MAIL ADDRESS	

14. I, the undersigned, being the duly authorized representative of the corporation, do hereby certify that the foregoing is a true and correct statement of the corporation's name, principal office address, mailing address, and registered agent, and that the corporation has complied with the provisions of the Florida Statutes relating to the filing of this statement.

SIGNATURE:

Howard Cook
HOWARD D. COOK

4-29-95 8138154580