FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED

CORPORATION ANNUAL REPORT **1995**

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

95 MAR 27 PM 2:09

DOCUMENT # **M92688** **(4)**

1. Corporation Name

PYRAMID CONSULTING SERVICES, INC.

800001442478
-03/29/95--01030--010
****208.75 ****208.75
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% KARL SCHWAERZLE 17609 ORIOLE RD. FT. MYERS FL 33912-5109	% KARL SCHWAERZLE 17609 ORIOLE RD. FT. MYERS FL 33912-5109

3. Date Incorporated or Qualified: 08/01/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 16880 Gator Road
22 Suite, Apt. #, etc.: #107 # 108
23 City & State: Fort Myers Fl.
24 Zip: 33912
25 Country: USA

2a. Mailing Address
26: 16880 Gator Road
27 Suite, Apt. #, etc.: #107 # 108
28 City & State: Fort Myers Fl.
29 Zip: 33912
30 Country: USA

4. FEI Number: 65-0076933 ☐ 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

SCHWAERZLE, KARL
17609 ORIOLE RD.
FT. MYERS FL

Wally Cardell

10. Name and Address of New Registered Agent

81 Name: Wally V Cordell
82 Street Address (P.O. Box Number is Not Acceptable): 8144 New Jersey Blvd
83:
84 City: Fort Myers FL 85 Zip Code: 33912

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: ~~Karl Schwaerzle~~ Wally V Cordell Vice President 3-15-95 ~~3-22-95~~
(Signature, typed or printed name of registered agent and title if applicable) (DATE) (Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PM	11 TITLE		☐ Change ☐ Addition
NAME	SCHWAERZLE, KARL	12 NAME		
STREET ADDRESS	17609 ORIOLE RD.	13 STREET ADDRESS		
CITY ST ZIP	FT. MYERS FL	14 CITY ST ZIP		
TITLE	VT	21 TITLE	VICE PRESIDENT-TREASURER	☒ Change ☐ Addition
NAME	CARDELL, WALLY	22 NAME	CORDELL, WALLY	
STREET ADDRESS	8144 NEW JERSEY BLVD.	23 STREET ADDRESS	8144 New Jersey BLVD	
CITY ST ZIP	FT. MYERS FL	24 CITY ST ZIP	Ft. Myers Fl 33912	
TITLE	S	31 TITLE		☒ Change ☐ Addition
NAME	SCHWAERRLZE, ANITA	32 NAME	Removed	
STREET ADDRESS	17609 ORIOLE RD.	33 STREET ADDRESS		
CITY ST ZIP	FT. MYERS FL	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 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: Wally Cardell Wally Cardell - Vice President 3-15-95 (813)267-8338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LEO 3-27-95

0022696 CP