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 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P11206 (0)

1. Corporation Name
STANLEY CONSULTANTS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
225 IOWA AVENUE STANLEY BUILDING MUSCATINE IA 52761	225 IOWA AVENUE STANLEY BUILDING MUSCATINE IA 52761

3. Date Incorporated or Qualified: 08/21/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 42-1281922 ☐ 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

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	CD	TITLE	D ☒ Change ☐ Addition
NAME	STANLEY, RICHARD H.	NAME	STANLEY, RICHARD H.
STREET ADDRESS	601 W THIRD ST	STREET ADDRESS	601 W THIRD ST
CITY-ST-ZIP	MUSCATINE IA	CITY-ST-ZIP	MUSCATINE IA 52761
TITLE	P	TITLE	P ☒ Change ☐ Addition
NAME	GROUNDS, DAVID	NAME	GROUNDS, DAVID
STREET ADDRESS	6183-2 RIVERWALK LN	STREET ADDRESS	523 SANDY CREEK DR
CITY-ST-ZIP	JUPITER FL	CITY-ST-ZIP	BRANDON FL 33511
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	JOHNSON, KATHLEEN K.	NAME	
STREET ADDRESS	327 W 2 STR	STREET ADDRESS	
CITY-ST-ZIP	MUSCATINE IA	CITY-ST-ZIP	
TITLE	T	TITLE	☐ Change ☐ Addition
NAME	SMITH, RICHARD C.	NAME	
STREET ADDRESS	101 STERLING WOODS CT	STREET ADDRESS	
CITY-ST-ZIP	MUSCATINE IA	CITY-ST-ZIP	
TITLE	D	TITLE	CD ☒ Change ☐ Addition
NAME	THOMOPULOS, GREGS G.	NAME	THOMOPULOS, GREGS G.
STREET ADDRESS	1002 ESTRON STREET	STREET ADDRESS	1002 ESTRON ST
CITY-ST-ZIP	IOWA CITY IA	CITY-ST-ZIP	IOWA CITY IA 52246
TITLE		TITLE	ASST. T ☐ Change ☒ Addition
NAME		NAME	ALLCHIN, STEVEN J
STREET ADDRESS		STREET ADDRESS	2861 ROLLING MEADOWS LN
CITY-ST-ZIP		CITY-ST-ZIP	MUSCATINE IA 52761

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 1, or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steven J Allchin ASST. TREASURER 4/27/95 319 264-6241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0489187 FN