

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 28 PM 12:15

DOCUMENT # **P22461 (8)**  
1. Corporation Name  
**PHYSICAL EVIDENCE CONSULTANTS INCORPORATED**

Principal Place of Business Mailing Address  
**1221 SE 43RD TERRACE 1221 SE 43RD TERRACE**  
**CAPE CORAL FL 33904 CAPE CORAL FL 33904**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/30/1988** 3a. Date of Last Report **04/21/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		22-2439016		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$6.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FAHEY, DENNIS J.</b> <b>1221 SE 43RD TERRACE</b> <b>CAPE CORAL FL 33904</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAHEY, KATHLEEN R.	12. NAME	PVS DENNIS J FAHEY
STREET ADDRESS	406 LENAPE TRAIL	13. STREET ADDRESS	1221 SE 43RD TERRACE
CITY, ST, ZIP	BRIELLE NJ	14. CITY, ST, ZIP	CAPE CORAL FL 33904
TITLE	T	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAHEY, KATHLEEN R.	22. NAME	T DENNIS J FAHEY
STREET ADDRESS	406 LENAPE TRAIL	23. STREET ADDRESS	1221 SE 43RD TERRACE
CITY, ST, ZIP	BRIELLE NJ	24. CITY, ST, ZIP	CAPE CORAL FL 33904
TITLE	VPD	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAHEY, DENNIS J.	32. NAME	
STREET ADDRESS	406 LENAPE TRAIL	33. STREET ADDRESS	
CITY, ST, ZIP	BRIELLE NJ	34. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(A), 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 as changed, or as an addition, with an address.

SIGNATURE: *Dennis J Fahey*  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DENNIS J FAHEY**  
 DATE: **3/24/95**  
 (Initials) **908-528-5310**