

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P34264 (2)

1. Corporation Name

ROCKY MOUNTAIN CONSULTANTS, INC.

Principal Place of Business

700 FLORIDA AVE #500
LONGMONT CO 80501

Mailing Address

700 FLORIDA AVE #500
LONGMONT CO 80501



3. Date Incorporated or Qualified

06/11/1991

3a. Date of Last Report

03/31/1995

2. Principal Place of Business

2a. Mailing Address

21. 825 Delaware Avenue

26. 825 Delaware Avenue

4. FEI Number

84-0628456

Applied For

Not Applicable

22. Suite, Apt. #, etc.

500

27. Suite, Apt. #, etc.

500

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23. City & State

Longmont, CO

28. City & State

Longmont, CO

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24. Zip

80501

25. Country

Boulder

29. Zip

80501

30. Country

Boulder

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEERE, CARMEN G.
6834 SW 35TH WAY
GAINESVILLE FL 32601

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

Signature typed or printed name of registered agent and their application

(NOTE: Registered Agent signature required when re-stating)

(DATE)

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
VECCHI, JENNIFER
3509 CAMDEN DR
LONGMONT CO

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
DEERE, DON
8620 FAIRWAYS DR.
LONGMONT CO

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
SHEEDER, G.W. JR.
1529 FRONTIER
LONGMONT CO

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S
AULT, DANIEL
7835 MIDDLEFORK RD.
BOULDER CO

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P
WILSON, LEONARD
16233 E. LOUISIANA
AURORA CO

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
SCHULER, WILLIAM
2770 S. ELMIRA #2
DENVER CO

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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:

Daniel Ault
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Ault, Secretary

1-23-96

303-772-5283

Date Daytime Phone #

CR2E034 (12/95)