SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 13 AM 10: 16

DOCUMENT # P93000008769 (0)

1. Corporation Name
INNOVATIVE RETAIL CONSULTING, INC.

Principal Place of Business	Mailing Address
1115 NORMANDY TRACE TAMPA FL 33602	1115 NORMANDY TRACE TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4954 Hinson Av. 22 Suite, Apt. #, etc. 23 City & State: Haines City, Fl. 24 Zip: 33844 25 Country	2a. Mailing Address 26 4954 Hinson Av. 27 Suite, Apt. #, etc. 28 City & State: Haines City, Fl. 29 Zip: 33844 30 Country

3. Date Incorporated or Qualified: 01/29/1993
3a. Date of Last Report: 09/14/1994
4. FEI Number: 65-0413289 — ☐ 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

SUTTON, PAULETTE C
1115 NORMANDY TRACE
TAMPA FL 33602

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 ______ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVS	1 1 TITLE: PVS ☐ Change ☐ Addition
NAME	SUTTON, PAULETTE C	1 2 NAME: Sutton, Paulette C.
STREET ADDRESS	1115 NORMANDY TRACE	1 3 STREET ADDRESS: 4954 Hinson Av.
CITY ST ZIP	TAMPA FL 33602	1 4 CITY ST ZIP: Haines City, Fl. 33844
TITLE	VP	2 1 TITLE ☑ Change ☐ Addition
NAME	SUTTON, PAUL	2 2 NAME: SAME
STREET ADDRESS	4954 HINSON AVE.	2 3 STREET ADDRESS
CITY ST ZIP	HAINES CITY FL 33814	2 4 CITY ST ZIP
TITLE		3 1 TITLE ☐ Change ☐ Addition
NAME		3 2 NAME
STREET ADDRESS		3 3 STREET ADDRESS
CITY ST ZIP		3 4 CITY ST ZIP
TITLE		4 1 TITLE ☐ Change ☐ Addition
NAME		4 2 NAME
STREET ADDRESS		4 3 STREET ADDRESS
CITY ST ZIP		4 4 CITY ST ZIP
TITLE		5 1 TITLE ☐ Change ☐ Addition
NAME		5 2 NAME
STREET ADDRESS		5 3 STREET ADDRESS
CITY ST ZIP		5 4 CITY ST ZIP
TITLE		6 1 TITLE ☐ Change ☐ Addition
NAME		6 2 NAME
STREET ADDRESS		6 3 STREET ADDRESS
CITY ST ZIP		6 4 CITY ST ZIP

CR2E034 (3/95)

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: Paulette C. Sutton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0154215 FP