**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: $275)**

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 12 AM 9:11

DOCUMENT # **P93000010583 (1)**

1. Corporation Name
**DIVERSIFIED CONSULTANTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 9550 REGENCY SQUARE BLVD.<br>STE 700<br>JACKSONVILLE FL 32225<br>US | 9550 REGENCY SQUARE BLVD.<br>STE 700<br>JACKSONVILLE FL 32225<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/04/1993
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-3162615 ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

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

9. Name and Address of Current Registered Agent

CHILDS, W. DOUGLAS ESQ.
BULLOCK CHILDS & PENDLEY, P.A.
233 E. BAY ST., STE. 711
JACKSONVILLE FL 32202

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | ☐ Change ☐ Addition |
| NAME | ZEHNDER, MARK T. | 12 NAME | |
| STREET ADDRESS | 9550 REGENCY SQUARE BLVD #700 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 14 CITY-ST-ZIP | |
| TITLE | SD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | MARLIER, JIM JR. | 22 NAME | |
| STREET ADDRESS | 9550 REGENCY SQ. BLVD #700 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 24 CITY-ST-ZIP | |
| TITLE | VD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | CONNORS, THOMAS J | 32 NAME | |
| STREET ADDRESS | 9550 REAGENCY SQ. BLVD #700 | 33 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 34 CITY-ST-ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | ZEHNDER, DONALD M | 42 NAME | |
| STREET ADDRESS | 9550 REGENCY SQ BLVD #700 | 43 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | MARLIER, JAMES F. SR | 52 NAME | |
| STREET ADDRESS | 9550 REGENCY SQ BLVD #700 | 53 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 54 CITY-ST-ZIP | |
| TITLE | D | 61 TITLE | ☐ Change ☐ Addition |
| NAME | CHILDS, DOUGLAS W. | 62 NAME | |
| STREET ADDRESS | 9550 REGENCY SQ BLVD #700 | 63 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 64 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:** Mark T. Zehnder MARK T. ZEHNDER 6-5-95 904-721-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000713 CP