

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -1 PM 12:33

DOCUMENT # P93000020862 (7)

1. Corporation Name

M.E.D. CONSULTING, INC.

Principal Place of Business

**2605 THOMAS DR
PANAMA CITY BCH. FL 32411**

Mailing Address

**POST OFFICE BOX 28300
PANAMA CITY BCH. FL 32411**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/19/1993	3a. Date of Last Report 01/26/1994
4. FEI Number 62-1523543	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	2a. Mailing Address 25 PD Box 28300
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 26 Panama City, FL
Zip 24	Country 25
29 32411-8300	30 RAY

9. Name and Address of Current Registered Agent

**DURDEN, MICHAEL E
2605 THOMAS DR
PANAMA CITY BCH. FL 32411**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL B5 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	DURDEN, MICHAEL E	1.2 NAME	
STREET ADDRESS	2605 THOMAS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH. FL 32408	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, LARRY M	2.2 NAME	
STREET ADDRESS	2605 THOMAS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH. FL 32408	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	

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 as an appointment with an address.

SIGNATURE:

Michael E. Durden **Michael E. Durden**

1/30/95

904-270-8331