

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -3 PM 4:13

DOCUMENT # P93000036251 (5)

1. Corporation Name

FIRST COMMONWEALTH CONSULTANTS, INC.

Principal Place of Business

**1980 N ATLANTIC AVE
SUITE 710
COCOA BEACH FL 32931
US**

Mailing Address

**1980 N ATLANTIC AVE
SUITE 710
COCOA BCH FL 32931
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1993

3a. Date of Last Report

02/21/1994

4. FEI Number

59-3185550

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 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**SWARTSEL, VERNON
% CARLTON, FIELDS
255 SOUTH ORANGE AVENUE, SUITE 1600
ORLANDO FL 32801**

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

TITLE **D**
NAME **BURKE, DENISE E**
STREET ADDRESS **2023 N. ATLANTIC AVE., BOX 251**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D, P, S** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **1980 N. Atlantic Ave.-Ste. 710**
1.4 CITY-ST-ZIP

2.1 TITLE **D, VP, T** ☐ Change ☒ Addition
2.2 NAME **Burke, William E.**
2.3 STREET ADDRESS **1980 N. Atlantic Ave.-Ste. 710**
2.4 CITY-ST-ZIP **Cocoa Beach, FL 32931**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ 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 110.07(3)(h), 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:

Denise E. Burke, President 3/28/95
Denise E. Burke, President

407-783-0071