

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 # **PA3000036251**

1. Corporation Name

FIRST COMMONWEALTH CONSULTANTS, INC.

Principal Place of Business

830 N. Atlantic Ave.  
B1404  
Cocoa Beach, FL 32931

Mailing Address

2023 N. Atlantic Ave.  
#253  
Cocoa Beach, FL 32931

3. Date Incorporated or Qualified

05/19/1993

3a. Date of Last Report

3/28/95

2. Principal Place of Business

21 830 N. Atlantic Ave.

Suite, Apt. #, etc.

22 B1404

City & State

23 Cocoa Beach, FL

Zip

24 32931

Country

25 USA

2a. Mailing Address

26 2023 N. Atlantic Ave.

Suite, Apt. #, etc.

27 #253

City & State

28 Cocoa Beach, FL

Zip

29 32931

Country

30 USA

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

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 firm if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D, P, S  
Burke, Denise E.  
STREET ADDRESS 2023 N. Atlantic Ave., #253  
CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE ☐ DELETE

NAME D, VP, T  
Burke, William E.  
STREET ADDRESS 2023 N. Atlantic Ave., #253  
CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 2023 N. Atlantic Ave., #253  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 2023 N. Atlantic Ave., #253  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

000001793670  
-04/25/96--01009--025  
\*\*\*200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Denise E. Burke*, President

407-868-2100

Date

Daytime Phone #

CR2E034 (12/95)