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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:53

DOCUMENT # **P93000040180 (0)**

1. Corporation Name
INVESTIGATIVE CONSULTANTS OF THE TREASURE COAST, INC.

Principal Place of Business	Mailing Address
1380 NE HILLCREST LANE JENSEN BEACH FL 34958	1380 NE HILLCREST LANE JENSEN BEACH FL 34958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1993	3a. Date of Last Report: 02/21/1994
4. FEI Number: 65-0386671	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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

JAMES BOND, P.A.
1003 WILLOW LANE
PALM CITY FL 34990

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BOND, JAMES A	12 NAME	
STREET ADDRESS	1003 WILLOW LANE	13 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	GOCKELER, ARTHUR C	22 NAME	
STREET ADDRESS	1380 N.E. HILLCREST LANE	23 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	24 CITY-ST-ZIP	
TITLE	TSD	31 TITLE	☐ Change ☐ Addition
NAME	GOCKELER, JOHN A	32 NAME	
STREET ADDRESS	203 N.E. FLAX TERRACE	33 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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, added or deleted in connection with an address change.

SIGNATURE: John Gockeler JOHN GOCKELER 1/27/95 334-5305
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone

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