

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

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

Ann M. Gockeler

3. Date Incorporated or Qualified
06/07/1993

3a. Date of Last Report
02/22/1995

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 income tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name
GOCKELER, ARTHUR C
82 Street Address (P.O. Box Number is Not Acceptable)
1380 NE HILLCREST LANE
83
84 *JENSEN BEACH* FL 85 Zip Code
34957

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 607.035, Florida Statutes.

SIGNATURE

Ann M. Gockeler

NOT: By printed Agent signature to be used when registering

April 1, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOND, JAMES A	
STREET ADDRESS	1003 WILLOW LANE	
CITY-STATE-ZIP	PALM CITY FL 34990	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOCKELER, ARTHUR C	
STREET ADDRESS	1380 N.E. HILLCREST LANE	
CITY-STATE-ZIP	JENSEN BEACH FL	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	GOCKELER, JOHN A	
STREET ADDRESS	203 N.E. FLAX TERRACE	
CITY-STATE-ZIP	JENSEN BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

ANN, M. GOCKELER
TSD
ARTHUR C
1380 NE HILLCREST LANE 34957
JENSEN BEACH FL 34957

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-04/04/96--01005--017
***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)(f), 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:

Arthur Gockeler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1

Daytime Phone #

407-334 3086

CR2E034 (12/95)