FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000056416 (9)**

1. Corporation Name
J. G. A. CONSULTING, INC.

Principal Place of Business	Mailing Address
4707 140TH AVE NO STE 306 CLEARWATER FL 34620 US	4707 140TH AVE NO STE 306 CLEARWATER FL 34620 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/11/1993**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3213937** ☐ 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 16100 Fairchild Dr.	26 16100 Fairchild Dr.
22 Suite, Apt. #, etc. *T101	27 Suite, Apt. #, etc. *T101
23 City & State Clearwater FL	28 City & State Clearwater FL
24 Zip 34622- 25 Country USA	29 Zip 34622- 30 Country USA

9. Name and Address of Current Registered Agent

BROIDA & NAPIER P.A.
605 75TH AVE.
ST. PETERSBURG FL 33706

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ALNWICK, JOHN G	12 NAME	Alnwick John G.
STREET ADDRESS	2620 COVE CAY DR., #303	13 STREET ADDRESS	~~2620~~ 16100 Fairchild Dr. *T101
CITY-ST-ZIP	CLEARWATER FL 34620	14 CITY-ST-ZIP	Clearwater, FL 34622
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		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 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 changed, or on an attachment with an address.

SIGNATURE: John G. Alnwick 4-26-95 813 532 4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0358883 CP