

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 MAR 21 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000077567 (4)**

1. Corporation Name

FLORIDA LEGISLATIVE CONSULTANTS, INC.

Principal Place of Business

Mailing Address

200 WEST COLLEGE AVENUE
SUITE 130
TALLAHASSEE FL 32301
US

POST OFFICE BOX 10097
TALLAHASSEE FL 32302
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/09/1993**
3a. Date of Last Report: **07/29/1994**

4. FEI Number: **59-3212489**
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 **522 E. JEFFERSON ST.**
Suite, Apt. #, etc.

26 **P.O. Box 10097**
Suite, Apt. #, etc.

22

27

City & State

City & State

23 **TALLAHASSEE, FL**

28 **TALLAHASSEE, FL**

24 **32301**

25 **LEON**

29 **32302**

30 **LEON**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BREWTON, WILBUR E
225 SOUTH ADAMS STREET
SUITE 250
TALLAHASSEE FL 32301**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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: **P**
NAME: **TILLMAN, BARBARA M.**
STREET ADDRESS: ~~200 WEST COLLEGE AVENUE, SUITE 130~~
CITY - ST - ZIP: **TALLAHASSEE FL**

TITLE: **ST**
NAME: **TILLMAN, BARBARA M.**
STREET ADDRESS: ~~200 WEST COLLEGE AVENUE, SUITE 130~~
CITY - ST - ZIP: **TALLAHASSEE FL**

TITLE: **D**
NAME: **TILLMAN, BARBARA M.**
STREET ADDRESS: ~~200 WEST COLLEGE AVENUE, SUITE 130~~
CITY - ST - ZIP: **TALLAHASSEE FL**

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY - ST - ZIP: _____

TITLE: _____
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: **522 E. JEFFERSON ST**
1.4 CITY - ST - ZIP: _____

2.1 TITLE: Change Addition
2.2 NAME: _____
2.3 STREET ADDRESS: **522 E. JEFFERSON ST**
2.4 CITY - ST - ZIP: _____

3.1 TITLE: Change Addition
3.2 NAME: _____
3.3 STREET ADDRESS: **522 E. JEFFERSON ST**
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: _____

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara M. Tillman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA M. TILLMAN

2-28-95 (914) 224-6611
DATE (Typed Name)