

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER B. MONTGOMERY
Secretary of State
JENNIFER B. MONTGOMERY
TALLAHASSEE, FLORIDA 32399

DOCUMENT # P94000003334 (7)

KURT NELSON CONSULTANT, INC.

APPROVED
AND
FILED

95 APR -7 AM 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address
3544 RICHWOOD LINK
SARASOTA FL 34235

Mailing Address
3544 RICHWOOD LINK
SARASOTA FL 34235

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 01/03/1994	3a. Date of Last Report
4. FEI Number 05-0458422	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. 199.037, Florida Statutes. ☐ Yes ☐ No	

2. Principal Office Address 21. Suite Apt # etc	2a. Mailing Address 26. Suite Apt # etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent NELSON, KURT 3544 RICHWOOD LINK SARASOTA FL 34235	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	85. Zip Code

11. Pursuant to the provisions of Sections 607.04(2) and 607.04(3) of the Florida Statutes, this duly organized 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, a majority of the shareholders, or the corporation's sole shareholder, and the corporation hereby accepts the appointment of its registered agent. I, the undersigned, accept the appointment of the registered agent of the corporation.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME NELSON, KURT	1. NAME	2. NAME	2. NAME
2. STREET ADDRESS 3544 RICHWOOD LINK	2. STREET ADDRESS	3. NAME	3. NAME
3. CITY, STATE, ZIP SARASOTA FL 34235	3. CITY, STATE, ZIP	4. NAME	4. NAME
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99. CITY, STATE, ZIP	99. CITY, STATE, ZIP	100. NAME	100. NAME

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.037, Florida Statutes. I further certify that the information and data 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of this form. I will be punished for executing this form with an affidavit.

SIGNATURE: *Kurt Nelson* KURT NELSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-377-1634