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
1995 MAY -1 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000006251

1. Corporation Name
CAULDER MANAGEMENT CONSULTANTS, INC.

Principal Place of Business	Mailing Address
WINTER HAVEN	450-16th STREET N.E. WINTER HAVEN, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: April 1, 1994
3a. Date of Last Report: JAN 1, 1994

2. Principal Place of Business	2a. Mailing Address
21 WINTER HAVEN, FL	26 450-16th STREET N.E.
Suite, Apt. #, etc: 22	Suite, Apt. #, etc: 27
City & State: 23 WINTER HAVEN, FLORIDA	City & State: 28 WINTER HAVEN, FLORIDA
Zip: 24 33881 Country: 25 POLK	Zip: 29 33881 Country: 30 POLK

4. FEI Number: 59-3155919 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JAMES BRADFORD CAULDER 450-16th STREET N.E. WINTER HAVEN, FLORIDA 33881	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: JAMES BRADFORD CAULDER — 4-28-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent's signature required when mandated) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: PRESIDENT JAMES BRADFORD CAULDER 450-16th STREET N.E. WINTER HAVEN, FL. 33881	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: TREASURER/SECRETARY KATHRYN E. CAULDER 450-16th STREET N.E. WINTER HAVEN, FLORIDA 33881	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP ☐ Change ☐ Addition 200001492422 -05/17/95--01178--011 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: VICE PRESIDENT OF OPERATIONS HAROLD E. LUSSKY 2805 DELACHAISE COURT CLEARWATER, FLORIDA 34621	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: VICE PRESIDENT OF MARKETING PATRICIA E. LUSSKY 2805 DELACHAISE COURT CLEARWATER, FLORIDA 34621	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP ☐ Change ☐ Addition
	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition
	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP ☐ Change ☐ Addition 2CB 5-1-95

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)(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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4-28-95 (Date) — (813)294-1965 (Daytime Phone #)